

Integrated Data Environment to eNhance ouTcomes in cusTody Youth (IDENTITY)

SARAH BEAL, PHD

MARY GREINER, MD, MS

KRISTINE FLINCHUM, BA, LSW

ALEX DUNCAN, BS



POLL QUESTION #1

What agency/sector are you affiliated with?

- Child welfare
- Education
- Behavioral health
- Healthcare
- Juvenile court/legal system
- Developmental/disability services
- Other

POLL QUESTION #2

In your professional role or personal experience, how easy is it to get confidential information (e.g., health information, child welfare information) for someone else when you need to?

- Very easy – I can always get the information I need about a client
- Fairly easy – It takes some time, but I can usually get what I need
- Kind of challenging – It takes a lot of effort to get what I need
- Impossible – The effort required is not worth it
- I have never tried/Not applicable

Background

Children in custody have complex medical, behavioral, and developmental problems

Fractured care

- Inadequate evaluations
- Multiple providers (often Emergency Rooms, Urgent Care)
- Lack of continuity
- Medicaid
- Limited history available to providers



Background

Poor information sharing leads to poor healthcare

- Caseworkers place children with new caregivers without knowledge of medical history
 - Children go without medication, i.e. inhalers, epi pens, insulin
 - Children miss appointments, i.e. follow ups with specialists
- Providers see children without knowledge of social history
 - Providers may not even know a patient is in foster care
 - Consent to treat
 - Medical information sharing
 - Uninformed treatment plans

Background



To address these barriers, we created an Integrated Data Environment to eNhance ouTcomes in cusTody Youth (IDENTITY)

IDENTITY shares near-real time information between social services and healthcare systems for children in custody

- Support communication between child welfare and healthcare providers
- Provide easy access to historical and current health information for new caregivers
- Enhance decision-making around healthcare and social services when children are in protective custody

Implementation

IDENTITY launched with 66 CPS staff, 10 clinicians in March 2018

- Pilot testing and refinement with early adopters
- Train-the-trainer model to spread to all children's services staff, frequently used Cincinnati Children's Hospital clinics

Spread to 346 HCJFS staff, 284 clinicians and staff at Cincinnati Children's by July 2019



Purpose

Evaluate the impact of improved data sharing between health and child welfare systems through IDENTITY.

1. Improvements in care delivery by healthcare systems
2. Improvements in caregiver knowledge near the time of placement
3. Improvements in caseworker access to health information

Evaluation methods

Healthcare utilization impact

- Utilization data from IDENTITY
- Pre-post data examining healthcare utilization
- Pre-post data regarding information accessibility, ease of access

Caregiver impact

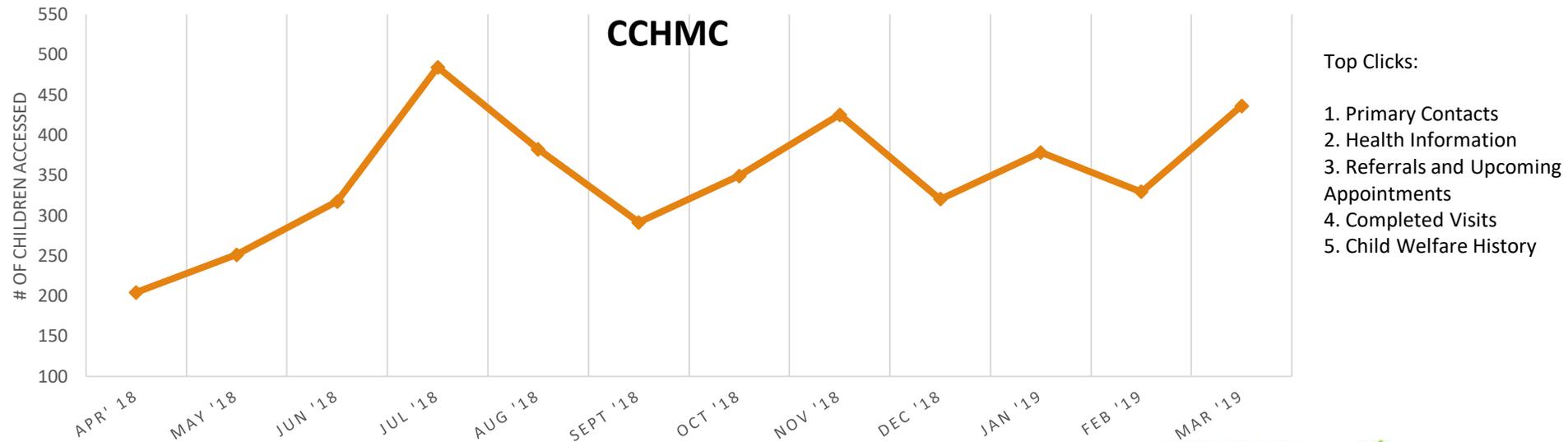
- Surveys with caregivers before and after IDENTITY implementation

Caseworker and child welfare impact

- Utilization data from IDENTITY
- Qualitative interviews with high and low utilizers

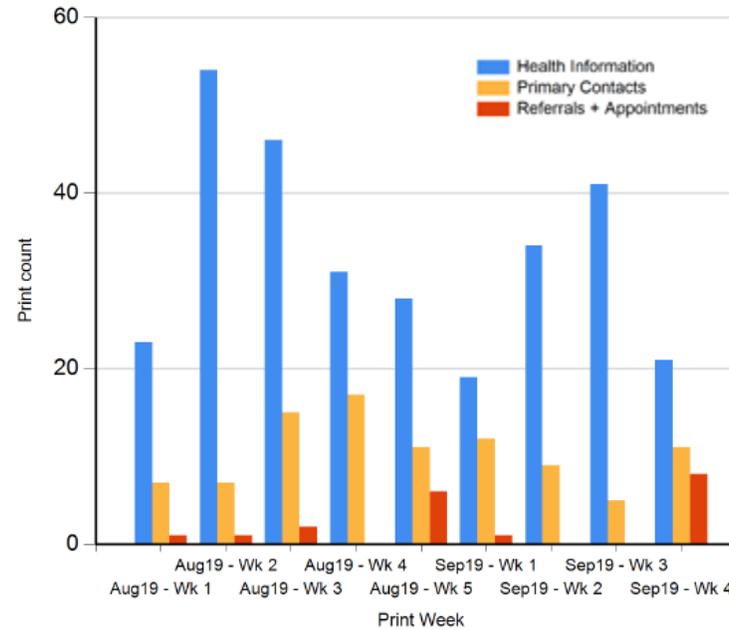
Healthcare System Impact

- 285 active Cincinnati Children's users (24% regularly accessing information)
- 300 children accessed per month
- Increased Awareness (Chronic disease management, Psychiatric Admissions)



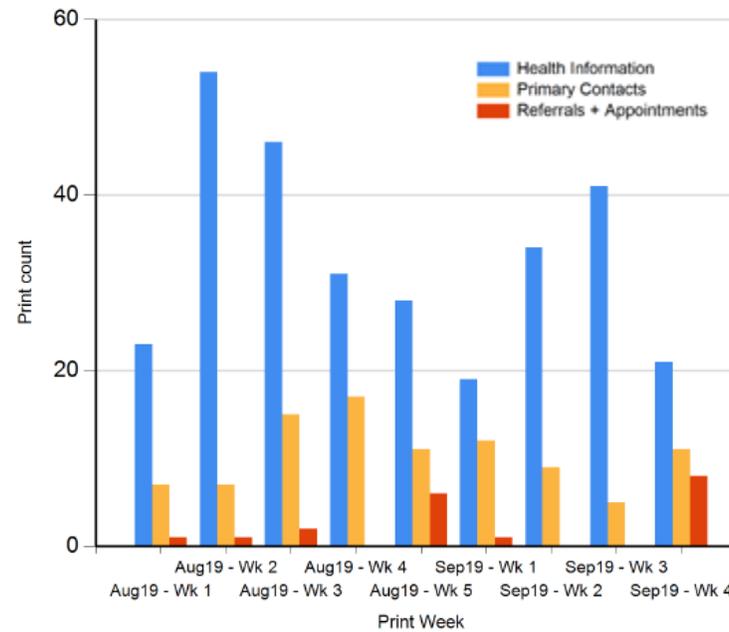
Healthcare System Impact

If you work with clients involved with child welfare, how would accurate custody status and/or placement information help you?



Healthcare System Impact

1. Confirmation of up-to-date custody status and placement information
2. Higher quality care, reduced duplication of services
3. Improved Medicaid billing and reimbursement



Healthcare System Impact

Improvements in change of placement exams per child following IDENTITY implementation

Visit Type	Before IDENTITY	After IDENTITY	Significance
Mandated change of placement exams	Median 1 visit per child per year (Mean = 0.99)	Median 1 visit per child per year (Mean = 1.41)	Increase, p < .001
Specialist visits	Median 1 visit per child per year (Mean = 1.46)	Median 1 visit per child per year (Mean = 1.77)	Increase, p > .05
Primary care visits	Median 0 visits per child per year (Mean = 0.43)	Median 0 visits per child per year (Mean = 0.57)	Increase, p > .05

Healthcare System Impact

Information gathering

- Estimated 35 minutes in pre-visit information gathering saved per new patient seen at a foster care clinic
- More complete and accurate information regarding child welfare history, custody status
- Estimated 10 minutes saved in information gathering during the clinic visit

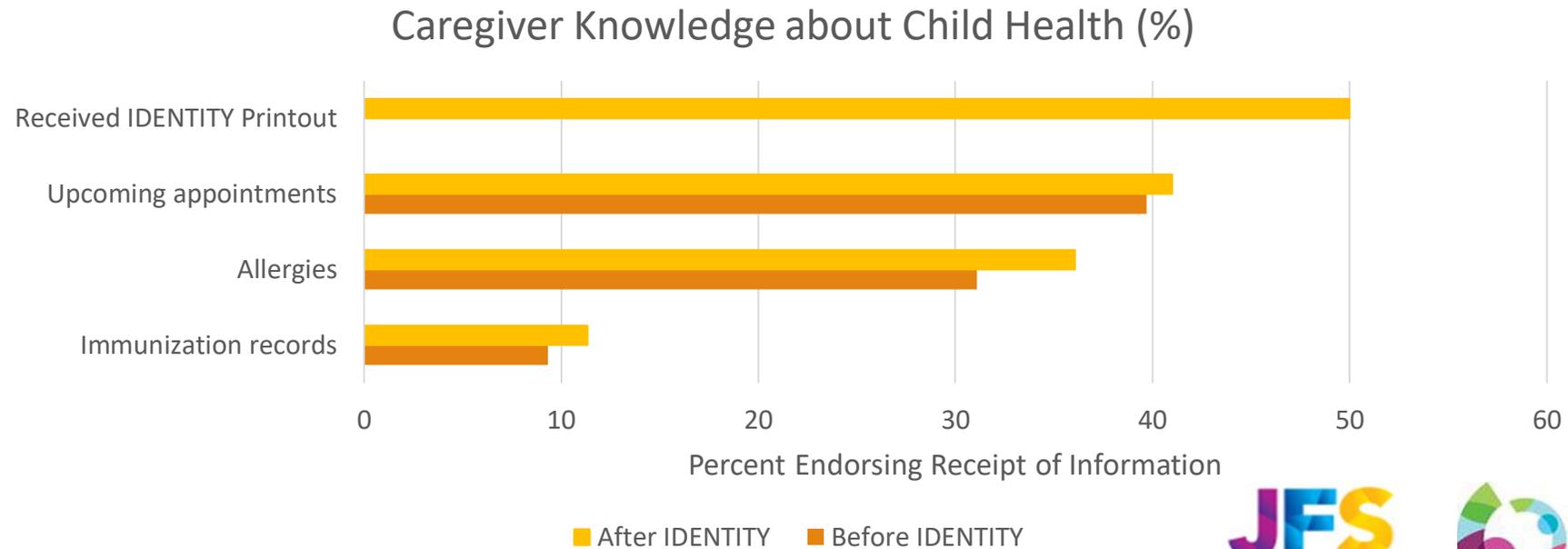
Promise of future improvements in child wellbeing

- Reduction in placement disruptions resulting from unknown health information
- Faster enrollment in school and other services

Caregiver Impact

Caregiver knowledge of child health concerns in first week of placement

- Surveyed 77 caregivers of youth in HCJFS custody before IDENTITY
- Surveyed 206 caregivers of youth in HCJFS custody after IDENTITY

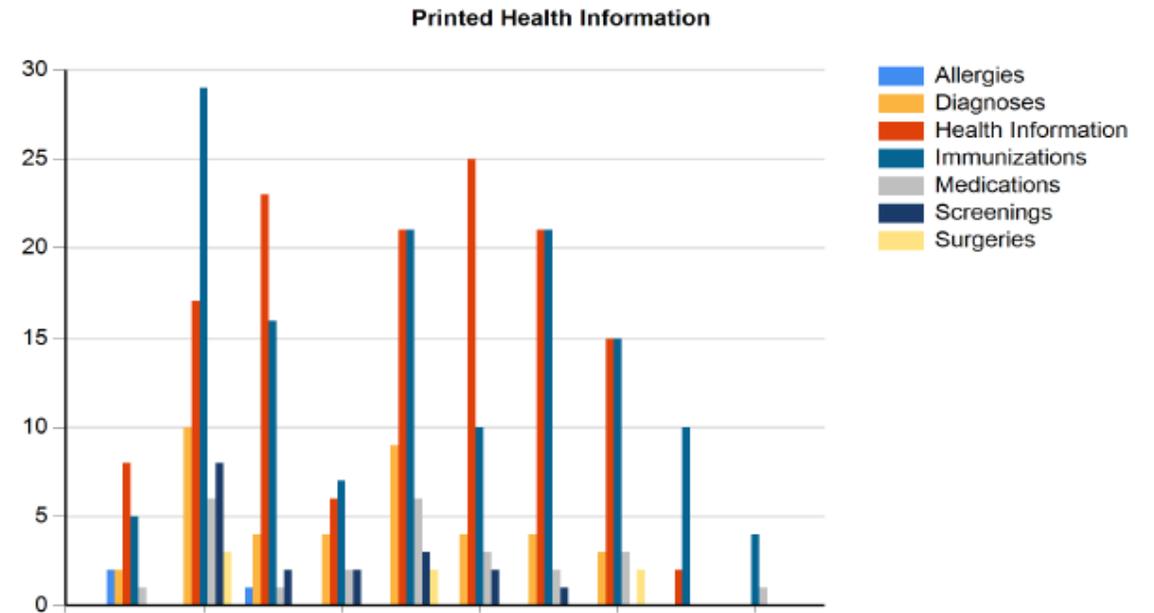
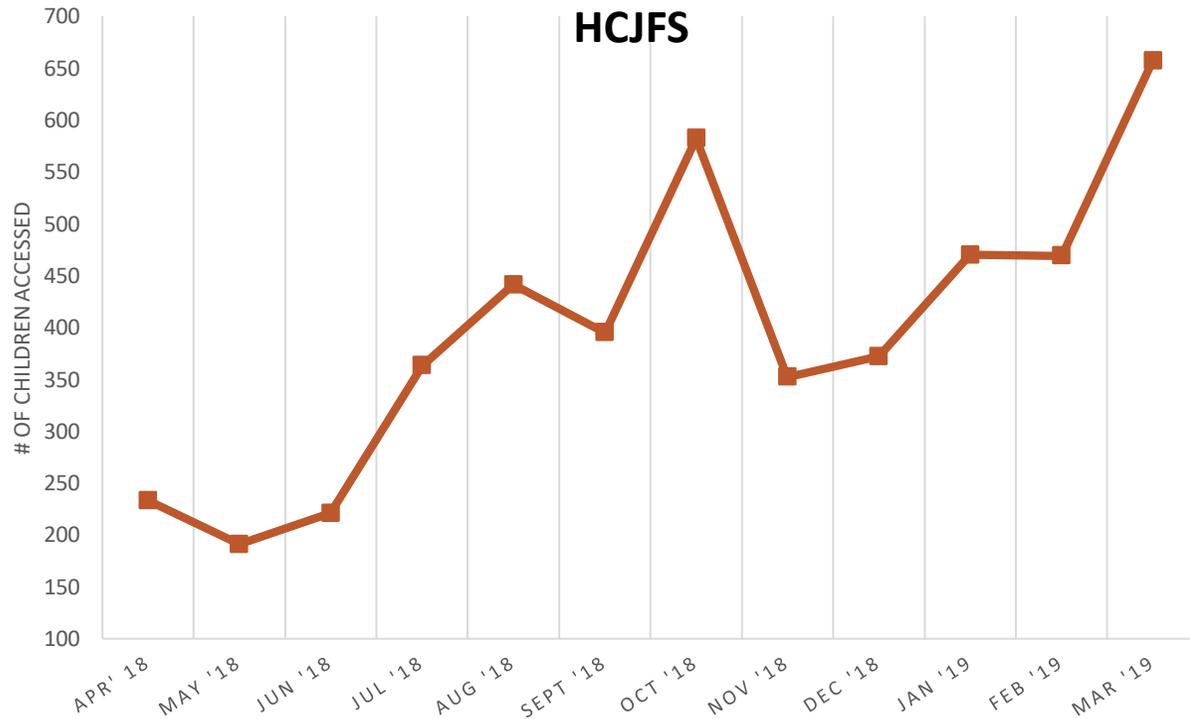


POLL QUESTION #3

What are the barriers to sharing information you have access to with others who work with you to support a client?

- Not enough time
- Unclear what information I am allowed to share or with whom
- Workflow; I don't have the information I need when I am thinking about sharing, and when I have access to the information I forget to share it/it is hard to share
- My organization discourages sharing information
- Other barriers

Caseworker and Child Welfare Impact



Caseworker and Child Welfare Impact

Themes from Qualitative Interviews

Prior to IDENTITY:

- Paperwork and waiting for weeks
- Time consuming to finding what you need in potentially hundreds of pages of scanned medical records
- Out of date as soon as you receive them

Post IDENTITY Implementation:

- Youth available in IDENTITY within about 24 hours of entering custody
- Access to critical health information at your fingertips
- Organized so it is easy to find needed health care information

Caseworker and Child Welfare Impact

Themes from Qualitative Interviews

Providing more complete medical history when referring children for placement, alerting potential caregivers to what will be involved when caring for this child

Printing Immunizations required for school enrollment, cuts down wait time for youth to start school

Coordination with substitute caregivers to ensure youth are receiving recommended care, have their medications, attend scheduled appointments, etc.

For PC'ed youth, identifying prior Primary Care Providers to request all medical records in preparation to transfer to Adoptions

Weekly Users

It is way easier to use [IDENTITY] compared to SACWIS. You do not have to jump from screen to screen just to find simple information.

-Frontline worker

[IDENTITY] has made our roles more productive.

-Child Protection Supervisor

We have everything we need for a child. Before we didn't even know [diagnoses].

-Case Transfer Specialist

We didn't have anything like this before IDENTITY. They came in[to semi-annual reviews] with incomplete medical records and now we can use [IDENTITY] to update everything.

-Semi-Annual Review Facilitator



One-time Users

- 50% did not understand purpose of IDENTITY, no attempt to access records
- 50% had trouble managing login credentials



Conclusions and Future Aims

IDENTITY has demonstrated good user uptake and utilization and resulted in positive feedback from users.

It is possible to use integrative technology to improve information sharing between two different systems by linking, merging, and displaying existing information from healthcare and child welfare systems.

Expansion to other counties and healthcare systems is feasible

Opportunities to integrate with additional systems, incorporate new features and users

Accessing improved technology (e.g., cloud-based web services, enhanced user verification)



IDENTITYs Fit with Broader Reforms

Robert F Kennedy Children's Action Corps Information and Data Sharing Reform

- HCJFS working with ODJFS, other agencies in creating and implementing data sharing leveraging IDENTITY
- Primary focus: Individual case planning
- Future foci: Policy and program planning; program evaluation and performance measurement

Ohio Department of Medicaid Best Practice Guidelines

- Ensure healthcare systems identify and manage the health of youth in protective custody
- Incentivize care coordination, other services that enhance child health and wellbeing
- Movement toward accountable care payment models

POLL QUESTION #4

What agency/organization would you like to get better information from for the clients you serve?

- Child welfare/JFS
- The court
- Education
- Healthcare
- Medicaid
- Behavioral Health
- Other

Integrated Data Sharing can Transform Child Health and Welfare

