Community Connections Partnership

TRANSFORMING HEALTH TOGETHER

June 10, 2021
What is the Community Connections Partnership?

**A unique collaboration:** Launched in 2020 by Kaiser Permanente, Blue Shield of California, Dignity Health — and dozens of community groups.

**A shared goal:** Addressing the social *and* health factors that contribute to negative health outcomes, from inadequate living conditions and poor nutrition to social isolation.

**A new approach:** Unite Us software integrates the activities of major health systems and social service providers through a single, shared electronic platform.
Even before COVID-19, people struggled with unmet social needs

68% Had at least one social factor they needed help within the past year.

97% Of respondents want medical providers to ask about social factors during care visits.

2x As likely to rate their health as fair or poor.

1 in 4 Americans

Had a social factor they say was a barrier to health in the past year.

2019 Social Needs in America Study (national data)
Changing the context of health to center health equity: Opportunities for health systems

### Historical Context

- Slavery
- Colonialism
- Pseudo-Science
- Immigration Exclusion
- Mexican-American War
- Eugenics
- Indian Removal Act
- Whiteness and Wealth
- Internment

### Social Inequities

- Racism
- Heteronormativism
- Chauvinism
- Classism
- Ageism
- Ableism
- Religious Discrimination
- Sexism

### Policy

- Segregation
- Data collection and reporting standards
- Mass incarceration
- Don’t Ask / Don’t Tell
- U.S.-Mexico border wall
- Muslim Immigration Ban

### Structural / Institutional Inequities

- Colorblindness
- Communication channels
- Power distribution
- Community investment
- Hiring / promotion practices
- Healthcare access

### Living Conditions / SDoH

- Education
- Childhood poverty
- Community investment
- Nutrition
- Income
- Housing
- Smoking
- Food access
- Culture
- Diet
- Environmental toxins
- Language
- Physical activity

### Risk Behaviors

- Health Behaviors
  - Smoking
  - Adherence/Trust
  - Usual source of care
  - Communicable/Chronic
  - Mortality

### Social Factors

- Traditional Healthcare Emphasis

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Sources: CDPH, OHE, WHO, Socioecological Model and BARHII Conceptual Framework

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SYSTEMIC (Macro)
- Social, economic, and political context
- Assigns social position

COMMUNITY (Meso)
- Distribution of resources
- Differential exposure and vulnerability

INDIVIDUAL (Micro)
- Responsive exposure, behaviors, and impact on health and wellbeing
- Differential consequence
Why form this new partnership?

Find new ways to address the social factors that contribute to negative health outcomes, from inadequate living conditions and poor nutrition to social isolation.

Make a collective impact on care quality and health equity for California’s most vulnerable populations

What brought each of our systems to this strategy?
Referrals are Not New: The Current Approach

Healthcare providers, health plans and community-based organizations are not systematically connected to one another, creating lack of visibility, patchwork solutions for individual community members, limited coordination, missed opportunities and uneven outcomes.
Community-wide infrastructure connecting healthcare and social services

On-the-Ground Expertise
We deploy our 260+ person implementation team to each community to build quality and accountable coordinated networks of health and community services.

Technology Platform
Our flexible and scalable platform helps all network partners track every step of each patient's total health journey inside and outside their four walls.
Health and human service providers across the state unified on one platform adapted to local context and need

Client demographics, social needs, and outcomes tracked longitudinally across county networks

Service partners access real-time analytics to support service delivery and outcomes
Connecting People to Care

Jorge shows up at Sue’s organization.

Screening

Sue screens Jorge and identifies that he has additional needs.

Unite Us supports screening and assessments (PEARL, PRAPARE, etc.) on the platform as requested by network partners.

Referral

Sue uses Unite Us to gain digital consent and electronically refer Jorge to multiple community partners. Through the platform, she can seamlessly communicate with the other providers in real time and securely share Jorge’s information.

Resolution

Feedback

As Jorge receives care, Sue receives real-time updates and tracks Jorge’s total health journey.
We enable secure, meaningful data exchange across sectors.

**Certifications**
- HITRUST
- SOC 2 Type 2
- NIST

**Regulations**
- HIPAA
- 42 CFR Part 2
- FERPA

**Access and Permissions**
- Organization, program, and user-level roles and permissions to satisfy HIPAA/NIST standards
- Personalized onboarding for each partner
- BAAs, where applicable

**Infrastructure**
- Hosted via AWS' fully certified and compliant cloud servers
- Native permissions engine
- Data secured and encrypted at rest and in transit
- Audited technical, physical, and administrative safeguards
- Annual penetration testing and audit by third party
- Continuous vulnerability monitoring and alerting
- USA based data centers
Multi-layered Security Controls

Unite Us Consent
- Informed consent to share information with the network
- Digital signature, client-directed, opt-out option, document stored in Face Sheet

Role Based Access
- Tailored access for all users based on their role within an organization
- Records are not shared with every organization on the platform - organizations can only see details on the clients they serve, subject to their individual viewing permissions

Service Type Viewing Permissions
- Additional restrictions limit who has access to certain types of information
- For example, a house provider will not be able to access details around a primary care doctor visit

Sensitive Organizations Configuration
- Enhanced protections around inherently sensitive records, such as information regarding survivors of sexual violence, SUD treatment, HIV status, or legal services
California Network Coverage

>100k users

Hundreds in-network partner locations

>1,500 programs receiving referrals
How Unite Us Helps Advance Health Equity

- **Network and outcome data** functions like a real-time community health needs assessment, identifying gaps and overlaps in services and informing targeted investments accordingly.

- **Health Equity Report** disaggregates data by race, gender, and geography, facilitating actionable data-driven decision making and introducing disparities reduction as a KPI.

- **Social Opportunity Indices** can proactively identify and predict the needs of high risk, high need populations.

- **Reimburse CBOs for high quality care to shift investments** to underfunded social services and drive supply of resources to match demand; build capacity of evidence-based programs as well as locally developed initiatives.

- **Match social care bundles with complex needs**, providing targeted support to underserved populations (e.g., Black maternal health).

- **Track funds or pair grants dollars to referral outcomes** to understand investment impact.
Licensing and Pricing Overview

Who can join at no cost?

- **Community-Based Organizations (CBOs)** join the network with unlimited licenses. CBOs are defined as 501c3 entities primarily providing services that are not clinical in nature.

- **Safety net clinics**, including Federally Qualified Health Centers, look-alikes, Certified Community Behavioral Health Clinics, and other types of health centers, join with unlimited licenses. They may be interested in technical integrations or other services offered by Unite Us.

- **County Departments, City Governments, and Public Health Care Systems/County Health Care Agencies** receive 25 web-based licenses for free. County governments are entitled to three departments before additional license fees apply.
Building a California Network that Spans Populations and Policy Priorities

County Partnerships

Opportunities to Support State Priorities

- ACEs Aware
- CalAIM - (ILOS, etc.)
- Aging Master Plan - Aging and Disability Resource Centers

Maternal Health
Child Health & Wellness
Criminal Justice
Behavioral Health
Seniors & Aging
Attachment 7

Unite Us Supports Attachment 7 Articles and Requirements

- **Resource Directory**
  - Unite Us provides full access to all the benefits of a comprehensive resource directory, with the added accountability and outcome tracking of a **secure, closed-loop referral platform**

- **Data Collection**
  - UU has capacity to **segment data by relevant demographics**; Health Equity Dashboard service delivery segmentation by demographic groups
  - UU can partner with plans on health disparities reduction intervention proposal via development of targeted networks or via a SCI bundle aimed at addressing chronic disease and reducing disease disparities

- **Population Health Management Strategy**
  - UU can support population health strategy through care coordination and/or **network hub support (NHS)** for high need, high risk populations
  - Predictive analytics and Community Health Maps support annual needs assessments
Lessons learned...

Importance of community engagement

Need to address CBO capacity

Need for continual network build

Bigger picture for health systems and CBOs alike: Importance of interoperability and integration
Where can I get more information?

For more information about Unite Us or to join the network, go to: https://uniteus.com/join

For more information about the Community Connections Partnership or to join us, contact:
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