

**Health Leads and North Carolina DHHS Partnership – August 2017
North Carolina Stakeholder Feedback: Key Headlines Summarized by Roadmap Element**

Patient Identification & Screening 

- Stakeholders across market segments highlighted a lack of standardization when it comes to defining and screening for social determinants of health (SDOH).
- Multiple stakeholders expressed an interest in designing and using a screening process that is triggered at the first point of contact with a health or social services provider.
- All expressed an appetite for consistent data collection, as well as interoperability between screening and enrollment systems.
- Some stakeholders are already exploring the use of predictive modeling and risk stratification for identification of patients with SDOH needs.

Workforce & Workflow 

- The use of case managers or peer navigators as part of the social needs health team was a highlighted strength and current need addressed by most stakeholders, many of whom expressed a difficulty in obtaining funding for case management services to meet demand.
- Across sectors, a key theme was the necessity to co-locate services, resources, and team members, as well as the desire to place resources in targeted locations where there are known needs.
- Stakeholders from the health sector are eager to incorporate SDOH data into current physician workflows and patient medical records but currently face challenges in obtaining this data from other sectors and integrating it into their EMR systems.
- With regards to workflow, stakeholders expressed frustration at the lack of formal referral mechanisms and platforms for communication between providers in different sectors.

Data & Evaluation 

- All stakeholders agreed on the need for a sustainable platform capable of standardized data collection and exchange across both health and social service providers, as well as more open data-sharing relationships across sectors.
- While there is an abundance of different data mentioned by multiple stakeholders, there are presently insufficient resources for integration or analysis of all this data.
- Multiple stakeholders expressed an interest in the integration of SDOH and clinical data and exploring how to use SDOH in clinical decision-making.

- Some identified FHASES as a potential platform for communication and resource tracking across counties.
- A few stakeholders identified more rigorous data collection as an opportunity to track savings and ROI.
- One stakeholder pointed out that data-sharing is presently a one-way road and expressed a desire for analysis and feedback from the state on submitted data.

Navigation & Resource Connections

- There was widespread agreement across all stakeholders on the need to develop more housing and transportation resource connections and services.
- Many expressed frustration with current eligibility and reauthorization processes for Medicaid and other benefit programs, which most stakeholders believe to exclude community members with a clear need for services.
- There was consensus regarding the variable quality of resource guides by community/county and the difficulty of creating a state-wide resource network when so many services are local/regional.
- Some stakeholders also expressed the importance of personal/local relationships for making resource connections, which they believed would be challenging to replicate or scale up.

Community Partnerships

- Multiple stakeholders identified the IT community, faith-based organizations, FQHCs, hospitals, pharmacists, community-based organizations (ex. Boys & Girls, YMCA), law enforcement, community colleges, and beneficiaries themselves as additional partners to include in testing and implementing the new state-wide vision. Many emphasized the opportunity to highlight local strengths.
- All stakeholders expressed an interest in deepening partnerships, particularly with regards to funding. Suggestions included more flexible Medicaid funding and the use of braided or blended funding to cover health-related supports and services, such as housing, transportation, mental health wraparounds, nutrition/fitness, and child care.
- Many stakeholders identified the opportunity to use existing task forces, groups, or state-wide networks in order to further engage in this work.
- Some were interested in testing new incentive structures for community-based organizations and social service providers, in order to extend collaboration beyond just initial referral and receive feedback/data on resource connections.
- Many stakeholders viewed hospitals and medical centers as more engaged partners given the challenges of the opioid crisis and the ongoing shift in payment reform.
- More than one stakeholder described the United Way 211 system as a current or future partner.

Leadership & Incentives



- Multiple stakeholders stated that they presently have strong clinical and community leadership at the table. However, some expressed the need for more leadership and economic incentives to make service integration a reality.
- Many stakeholders pointed out the potential of using public support to facilitate change, but the issue requires more attention and public knowledge.
- One stakeholder identified the current opioid crisis as window of opportunity to discuss the integration of care and existing issues on a broader level.
- Some identified local health departments as potential leaders for facilitating more community partnerships, others mentioned stakeholders in the health sector as leaders, particularly given the shift in incentives with payment reform.
- One group emphasized that stakeholder engagement looks different across counties and is specific to the local context.