

Sharing Clinical Data with Community Partners

Insights, Practices, Risks,
and Benefits



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Echoing a trend in the healthcare sector to focus on population health and patients' social determinants of health, EHR vendors are beginning to contemplate the transition to a CHR—or Comprehensive Health Record—dropping the “E” in favor of “C.” According to **Healthcare IT News**, for example, Epic's founder envisions a CHR would incorporate social determinants of health into a patient's medical record.

While the advent of a CHR has the potential to assist medical providers with connecting patients to community resources, some healthcare organizations find value in sharing data between entities—whether it be between other healthcare providers, post-acute facilities, churches, food banks, and more—to meet the unmet medical and social needs of their surrounding community.

There is no exact science or practice to achieve this aim, though some researchers have suggested a framework for a “**community health record**” to facilitate access and data exchanges. The value and potential of such data cannot be understated, and as organizations partner to pioneer a path toward data-sharing, others may learn from these experiences to similarly achieve a like-minded goal.

In the following slides, we will summarize current data-sharing practices we have come across in our research, as well as some of the inherent risks (i.e. security concerns) and benefits of engaging in a collaborative data exchange.



General Best Practices

Data-sharing with community partners is not entirely uncommon, as it allows organizations to discern community-level trends, such that healthcare organizations and other sectors can collaborate to achieve their patient-centric goals. In fact, cross-sector data collaborations with schools, churches, and social service agencies present healthcare organizations with an opportunity to improve care for vulnerable populations.

The Robert Wood Johnson Foundation has also funded and supported cross-sector data collaborations—primarily those addressing social determinants of health—through its Data Across Sectors for Health (DASH). In doing so, it has dedicated resources to improving the ability to share data between collaborative partners. DASH's *Coordinated Whole-Person Care that Address Social Determinants of Health*, is a report that shares lessons learned from healthcare-community partnerships' data-sharing experiences. Some of the organizations featured in this report have utilized a health information exchange (HIE), which allows healthcare providers and patients alike to access and securely share patient health information.¹

Other organizations, such as **AllianceChicago**, share data with social service agencies and community-based organizations to “prescribe” or connect patients with nonhealthcare services. This practice is accomplished through a robust EHR system supporting 34 health centers and a customized data warehouse. A restricted version of the EHR allows nonmedical providers limited access to patient records, protects patient data, and enables users to review the nonhealthcare services patients received.

1. [The Office of the National Coordinator for Health Information Technology \(2018\)](#)

HIEs in Practice

Below, we've summarized the practices of one of the organizations featured in the DASH report, Altair ACO, as well as the **Camden Coalition of Healthcare Providers**, which launched an initiative called **the National Center for Complex Health and Social Needs**. The organization is funded by the Robert Wood Johnson Foundation, AARP, and the Atlantic Philanthropies.

Altair Accountable Care Organization	Camden Coalition of Healthcare Providers
Minnesota-based Altair is the first social service-led ACO and partners with a number of local organizations to address the needs of Minnesotans with disabilities	A nonprofit organization serving vulnerable populations and working to improve care while reducing its cost
Altair participates in multi-sector data sharing to track patients' health events in order to improve their overall well-being (e.g. stable health, safe and secure housing, and employment)	Using data to drive innovation and transformation, the Camden Coalition HIE is comprised of a large network of hospitals and local organizations contributing clinical and other data types to a common goal
Simply Connect HIE is the platform that connects the multisector data	The Camden HIE is a web-based application that facilitates the sharing of clinical data and can be accessed by participants

Key IT Takeaways:

- Participation in an HIE, whether regional or privatized to the health system's facilities, offers security over patient data¹
- HIEs allow more flexible data sharing as a single source of truth for all organizations involved
- Patient consent must be gained for their participation in a regional or community HIE
- HIE databases allow providers to view treatments prescribed to patients, potentially including community resources²
- The infrastructure of an HIE database can lead to more sustainable population health management technologies³
- Expansion of participation in information exchanges decreases the amount of duplication of testing as well as reduces the replication of information in records

1. HBI's IT Academy, "Expanding Beyond Private HIE for Improved Regional Care" (2016)

2. HBI's IT Academy, "Building Collaborative Population Health Initiatives," Webinar (2018)

3. HBI's IT Academy, "Building Care Management Tools with HIE Data" (2017)

Technological Infrastructure

In general, community partners stand to benefit from the sharing and monitoring of patient data, which may provide an opportunity to adapt to changes and individual needs. However, setting up the framework to facilitate interoperability and promote those data exchanges may prove challenging. To start, it will be important to delegate who creates and maintains the database, as well as who may access it. While some have accomplished this through HIEs or limited EHR access, the database could theoretically take other, custom forms.

It will be vital for those organizations choosing to create or work with established HIEs to develop standards of data formatting in order to ensure that all data is maintained accurately throughout the database. Likewise, physicians and nurses will need to be educated on the use and benefits of the HIE to ensure sustained utilization of the collaborative database. Physicians will be able to check that all data is accounted for and accurate within the HIE, as well as determine more uses for the tool. Providing a shortcut, such as a tab or desktop icon, to allow for easier login to the HIE will encourage further use of the platform as well. However, access to this database must be strictly managed if community partners are given direct views. While EHRs and other databases will be useful, data-sharing tools must be monitored for proper use and data access to protect patient safety.

Other Considerations

Who Benefits and How
Patient Populations: de-identified data can be used to understand patient needs and bridge the gap between clinical care and social determinants of health
Physicians and Nurses: participating in data sharing can help community partners connect patients to resources, contributing to health outcomes beyond hospital walls
Community Partners: data access allows participating organizations to identify patient needs and current challenges and work towards improving community well-being

Possible Risk	Precautions to Mitigate Risk
HIPAA and patient privacy	HIE can be more secure than individual HER when set up properly
Provider disinterest causing lack of information	Physician and provider education is vital for the successful use of HIEs
Incompatible formatting of records	Standardization of submitted data