Human and Social Services Work Group

Public WG Call

February 24, 2022 | 3-4pm ET
HSS WG Co-Chair Introductions

Chris Shawn
Veterans Affairs

Grey Faulkenberry
MayJuun

Elizabeth Oppenheim
MITRE

Elizabeth Olson
Atrium Health

Mohammad Jafari
Privacy and Integration Consultant
Agenda

• Welcome + Quorum (5 mins)
  – Chat-in: Name, Organization and Interest
• Agenda Review (2-3 mins)
• Meeting Minutes Approval (2-3 mins)
• Announcements (5 mins)
  – EHR WG Coordination
  – FHIR IG Development Webinar Recording Link
    https://vimeo.com/681534043/088aed0217
• Human and Social Services (HSS) Work Group Overview (3 mins)
• NJ InCK Demo and Discussion (20 mins)
• Next Meeting (5 mins)
  – Agenda items for next meeting
Human and Social Services Work Group Overview

• HL7 Work Groups voted affirmatively to create the Human and Social Services Work Group in September 2021
• Intended to provide a space for human services sector stakeholders and HL7 experts to focus on non-clinically oriented social risks
• The Work Group will define requirements, design and validate HL7 Implementation Guides for interoperable human services data exchange
Areas of Focus

- Child Welfare
- Adult Protective Services
- Child Foster Care
- Child Support Enforcement
- Education & School Health
- Service Planning to Address Social Determinants of Health
Ongoing Coordination & Alignment with Other Work Groups / Initiatives

- Patient Care
- EHR
- Public Health
- Community Based Care and Privacy
- Gravity Project

And others as identified over time…
Potential projects

- FHIR Consent – see Appendix
- Case Management - see Appendix
- Referrals - see Appendix
- Assessments – NJ InCK
- Child fatalities – more to come
NJ InCK DEMO
Next Steps

• Next public meeting will be held on March 10th, 2022 from 3-4pm ET
• Agenda items for next meeting
• Please visit our confluence page for most up to date information!

https://confluence.hl7.org/display/HSS/Human+and+Social+Services+Home
APPENDIX
Potential Project: FHIR Consent Profile for Social Services
FHIR Consent Profile for Social Services

• The focus of this project is to provide a profile of the FHIR consent resource to be used in Social Services and BH use-cases.
• This profile will go beyond mere digitization of the consent documents/forms and will emphasize capturing the rules of the consent in a computable manner within the FHIR Consent resource.
• This work will build upon and further the effort of the existing FHIR consent profiles and implementations, including:
  – ONC LEAP FHIR Consent project (https://sdhealthconnect.github.io/leap/)
FHIR Consent Profile for Social Services

The project aims at identifying a suite of use cases where data flow and sharing of information between healthcare providers and other entities is crucial; the scope includes BH providers, chronic disease management, community health providers, wellness providers as well as housing, food, childcare, and employment assistance.

Subsequently, the use of FHIR Consent in these use cases is examined in order to facilitate a consumer-centered approach to information sharing.

The goal is to enable flexible control over sharing of information in a way that provides clients with the confidence and flexibility to consent to sharing of information, with the ultimate goal of increasing the quality of care across the board through more informed services and improved coordination of care.

From the technological perspective, the goal is to develop a framework using which consent in these use-cases can be captured in a machine-readable way and with precise semantics so that subsequent enforcement of the consent can take place automatically.
Potential Project: Case Management and Referrals
FHIR 4.0 Compliant Case Management Solution and Referral Application

- The project aims at defining, identifying and capturing beneficiary data in a structured manner within the ODH core infrastructure to support the consistent entry and exchange of human services data for case management at the point of engagement and across interdisciplinary care teams. Data sharing through FHIR 4.0 standards used in case management allows for this collaboration to occur in a way not possible before.
  - Beneficiary demographic and care plan data exposed as a subset of FHIR Patient resource attributes, each provider is contributing to keeping the contact information for this population current, reducing the number of patients lost.
  - SMART on FHIR launching of applications allows for granular access control to sensitive data, sharing only the right information with the right provider.
  - Define foster care data definitions, that can be deployed in the ODH to provide a case management functionality to support the bi-directional exchange of clinical and human services data across healthcare and human services state, territory and other participating organizations.
  - Use cases may focus on the youth foster care domain, inclusive of foster family homes, foster homes of relatives, group homes, emergency shelters, certain residential facilities, child care institutions, and pre-adoptive homes, among other human social service categories.
Use of community resource inventories such as (211) (AuntBertha, UniteUs), locally managed (Open Referral)
FHIR 4.0 Compliant Case Management Solution and Referral Application

Confirmation of services received, collection of outcome metric data

ODH ServiceRequest = completed, update encounter, encounter

Assess Patient and Need

Patient and their Situation (ID, Need, Services, Payer/Service Providers)

Identify Need and Determine Appropriate Service Analysis

Send Referral Package to Selected Qualified Providers

Packaging of supporting information and qualification

Schedule Services with Provider

Update ODH Service Request, Appointment and queue Intervention / Event

Consent for Participation

Update ODH Service Request, Appointment
FHIR 4.0 Compliant Case Management Solution and Referral Application – Benefits

Identify, Define, and Represent a consistent value set of definitions

• Increased collaboration secondary to clearly define data, leading to improved individual and population health outcomes
• Data analysis and reporting allowing for more accurate and efficient individual and population health decisions
• Reduction in costs associated with manual interpretation efforts and lost opportunities
• Consistent representation of terms across the healthcare/social services communities
• Reduce wait time for data exchange
• More secure data exchange and protection, allowing for a more granular sharing of only the necessary data
• Collection of searchable, impactful data at the multiple points of care across domains