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# Harnessing the Power of Data Exchange to Support Care for Older Adults: Gaps and Opportunities

**April 6, 2023**

Speakers: Christopher Langston, Jonah Frohlich, Jonathan DiBello, Eric Hazzard, and Terri Shaw

# Q&A Procedure

- Please submit your questions through the Zoom Q&A function at any time.
- The presenters will select questions to be answered live during the webinar as time allows.
- If your question was not answered during the session and you would like to follow up with Archstone Foundation, please submit it to Ryan DoyLoo, Program Associate, Archstone Foundation ([rdoyloo@archstone.org](mailto:rdoyloo@archstone.org)).



- **Introductions**
- **Project Background**
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- **Landscape Assessment**
  - Older Adults in California
  - HIT and Data Exchange to Support Care for Older Adults
- **Opportunities**
- **Q&A**

# Speaker Introductions



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# Project Background

Archstone Foundation commissioned Manatt to develop a *Strategic Landscape, Opportunities Assessment and Funding Priorities Report* to focus funding priorities and advance its mission.



## ***Archstone Foundation's Vision***

All older Californians have access to high-quality coordinated care that effectively integrates health and social services.



## ***Archstone Foundation's Mission***

To improve the health and well-being of older Californians and their caregivers.

# Archstone Foundation's Strategic Priorities

To improve access to high-quality coordinated care for older adults that is integrated across health and social service sectors, Archstone Foundation's strategic plan focuses its grantmaking around three core areas—Teams, Training, and Technology—with diversity, equity and inclusion intentionally interwoven throughout our core strategies.

## Teams

Adapting person- and family-centered care team models

## Training




Advancing training as an essential element of effective team care

## Technology

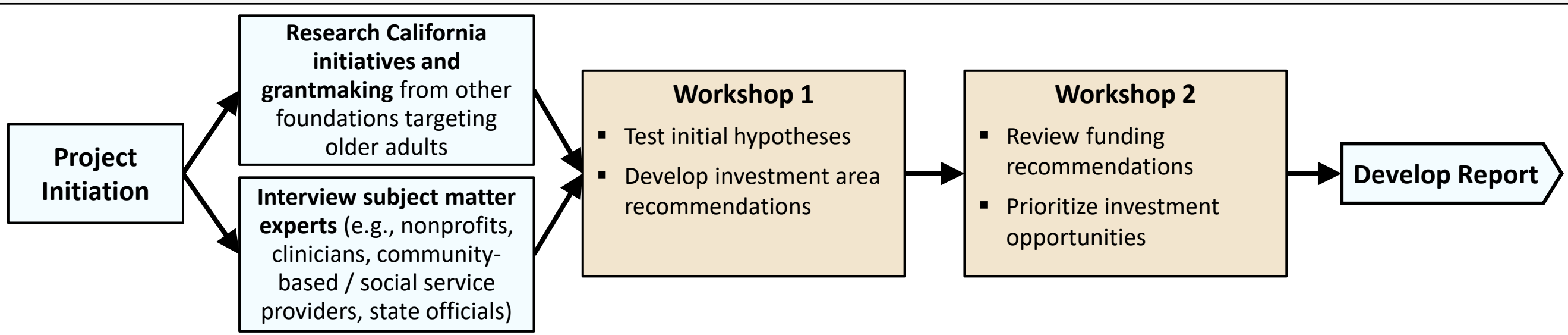
Adopting technologies that facilitate teamwork and empower coordinated care

# Project Background: Strategic Landscape, Opportunities Assessment and Funding Priorities Report

## Objectives of Report

-  Reinforce the **importance of information exchange** to support health and wellbeing of older Californians;
-  **Describe the current state of health and social information exchange, use, barriers and opportunities** to support health and wellbeing of older Californians, with a focus on the providers and institutions delivering care to older adults;
-  **Prioritize investment opportunities** based on potential impact and alignment with Archstone Foundation’s vision, mission, and funding goals.

## Report Development Process



The full report is available at: <https://archstone.org/resources/2023-health-information-technology-exchange-report>

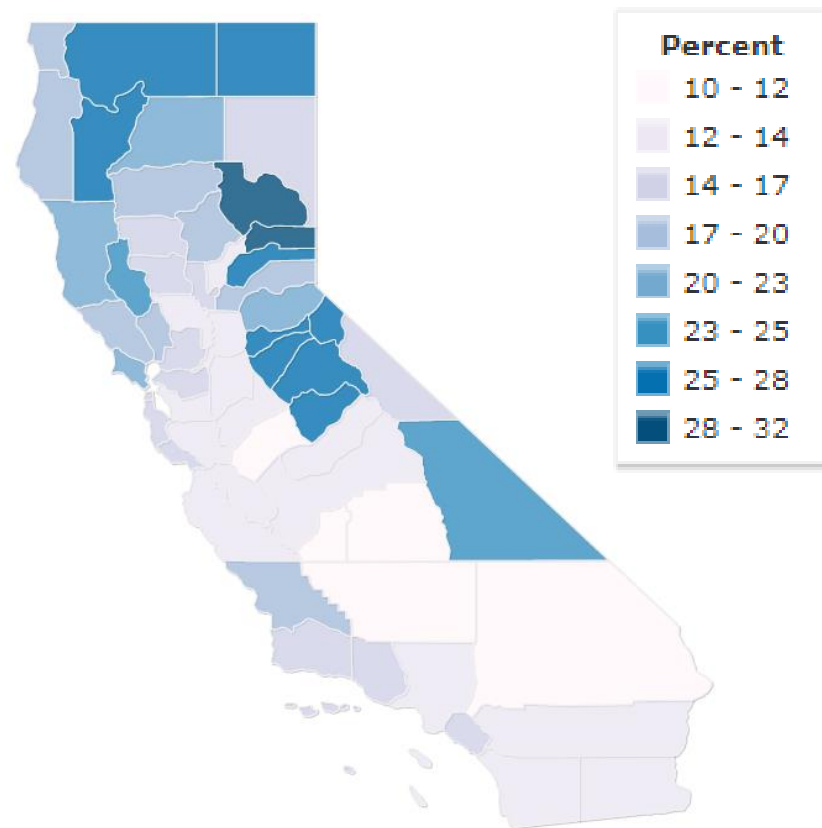


# Data Exchange Testimonials

# Older Adults in California



## Percentage of People 65 Years and Older By County in California



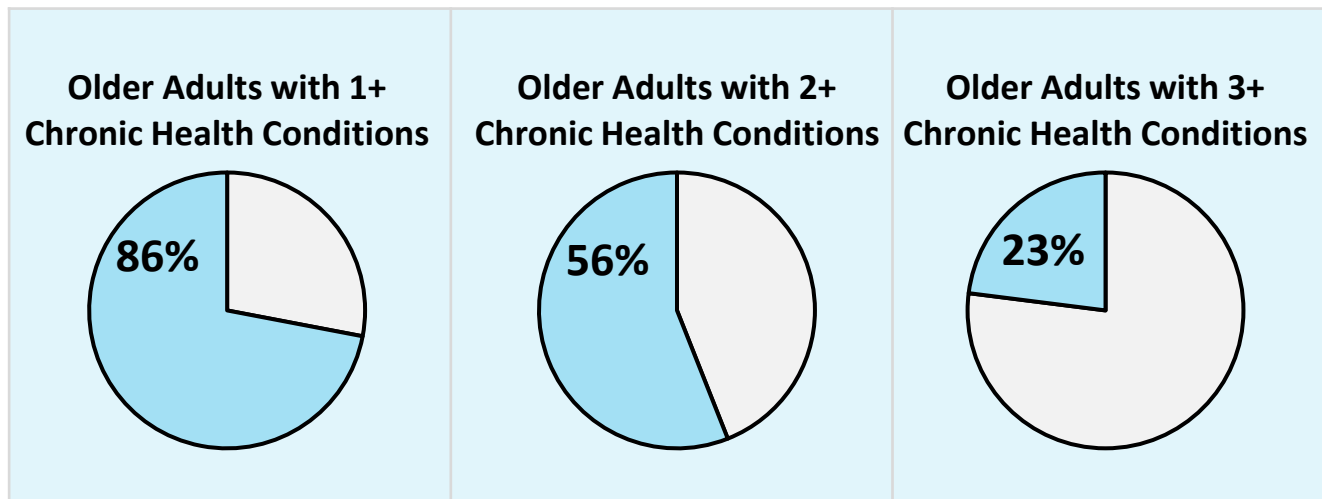
### Data Points

- Persons 65 and over accounted for **15.2%**—representing 5.96 million people—of California’s population in 2021.<sup>1</sup>
- Over the next 30 years, California's population over the age of 65 is expected to **grow by more than two-thirds**: an increase of over 4.5 million seniors by 2052.<sup>2</sup>
- California has approximately **185,000 Californians residential care facilities for the elderly (RCFEs) residents**,<sup>3</sup> which encompass assisted living, memory care, and continuing care retirement communities and **93,000 nursing facility residents**.<sup>4</sup>
- Concentrations of older Californians tend to be **highest in rural, inland counties**.
- **People of color will make up a majority (55%) of California’s older adult population by 2035, compared to 41% today.** Latinos and Asians make up the fastest growing racial-ethnic group. Most older adults are women, who represent a larger share of the older population groups (age 70 and up).<sup>5</sup>

Sources: 1. US Census Bureau [Quick Facts California: 2021](#). Accessed 2022; 2. California Department of Finance [Population Projections: 2010-2060](#); 3. California Assisted Living Association. RCFEs by the Numbers (2018); 4. Kaiser Family Foundation. [Total Number of Residents in Certified Nursing Facilities](#) (2022); 5. UC Berkeley Labor Center [Aging California’s Retirement Crisis: State and Local Indicators](#). October 2015.

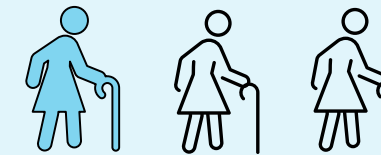
**There are nearly three million Californians over age 50 who struggle to make ends meet while also facing significant health challenges.<sup>1</sup>**

### Chronic Health Conditions<sup>2</sup>



### Obstacles in Getting Care<sup>3</sup>

Almost a third (29%) of older Californians live below 200% of the Federal Poverty Level or do not have enough income to cover their basic needs.<sup>4</sup>



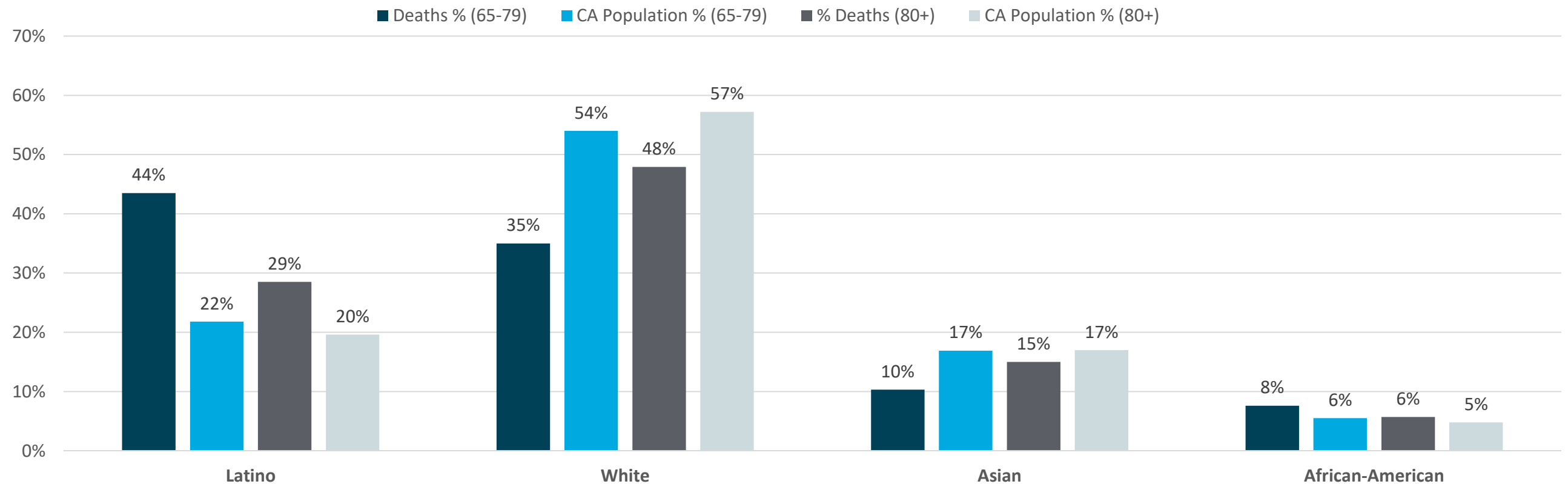
One out of four (26%) older adult households in California face a housing cost burden, spending more than 30% of their income on housing.<sup>4</sup>



Sources: 1. California Health Care Foundation. [Older Adults with Complex Needs](#). Accessed 2022; 2. Centers for Disease Control. [Percent of U.S. Adults 55 and Over with Chronic Conditions](#). November 2015; 3. Kaiser Health News. [Study: American Seniors Face Health Care Gaps, Despite Medicare](#). November 2014; 4. UC Berkeley Labor Center. [Aging California's Retirement Crisis: State and Local Indicators](#). October 2015.

**COVID-19 disproportionately impacted older adults, and the percentage of COVID-19 cases and deaths among Latinx and African American Californians was higher than their respective shares of California's population.<sup>1</sup>**

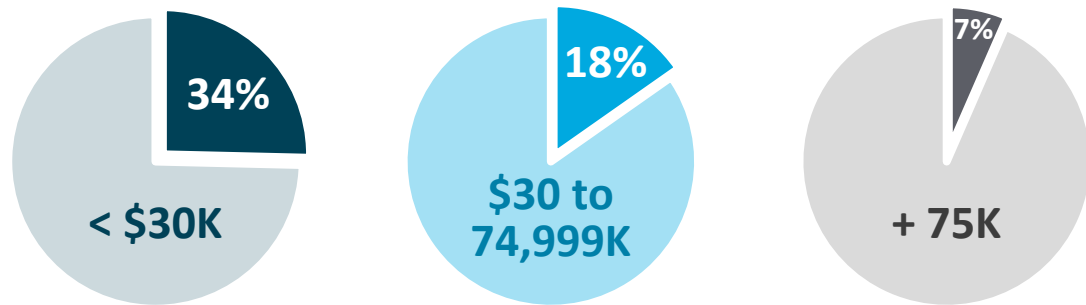
**Proportions of Deaths by Race and Relative Proportion of California Population**



Source: 1. "COVID-19 Age, Race and Ethnicity Data," California Department of Public Health. Dec. 2022. Available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Age-Race-Ethnicity.aspx>.

**Disparities exist both between older adults and younger adults and among older adults of different demographic characteristics.**

### Older Adults' Difficulty Affording Medications



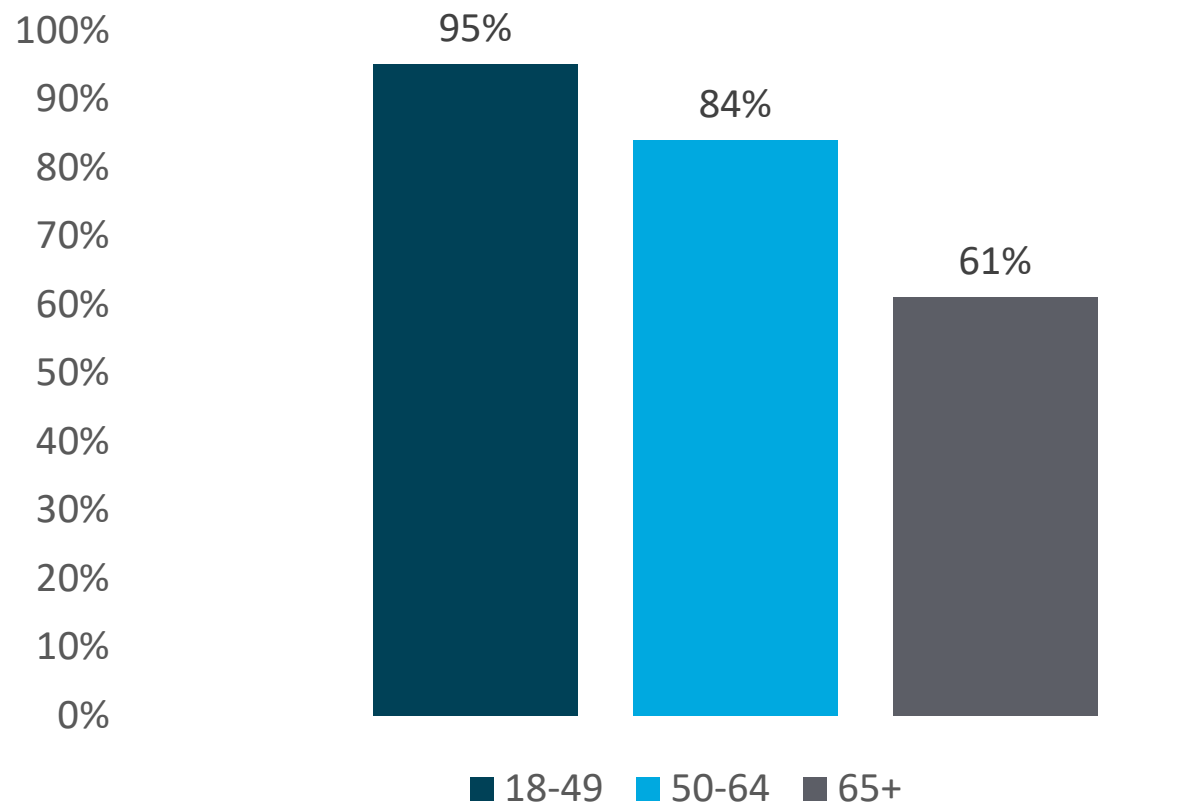
- 34% of older adults with an annual household income of less than \$30,000 reported it was difficult to afford the medications they needed compared with 18% with annual household incomes of \$30,000 to \$74,999 and 7% with incomes of \$75,000 or more.<sup>1</sup>
- Rural Medicaid beneficiaries aged 85 and older reported lower annual medical and dental visit rates and higher rates of outpatient visits and prescription medication use.<sup>2</sup>



Sources: 1. "Data Note: Prescription Drugs and Older Adults," Kaiser Family Foundation. Aug. 2019. Available at [https://www.kff.org/health-reform/issue-brief/data-note-prescription-drugs-and-older-adults/#:~:text=Older%20adults%20are%20also%20more,18%2D29%20\(7%25\)](https://www.kff.org/health-reform/issue-brief/data-note-prescription-drugs-and-older-adults/#:~:text=Older%20adults%20are%20also%20more,18%2D29%20(7%25);); 2. "Rural Communities: Age, Income, and Health Status," Rural Health Research Gateway. Nov. 2018. Available at <https://www.ruralhealthresearch.org/assets/2200-8536/rural-communities-age-income-health-status-recap.pdf>.

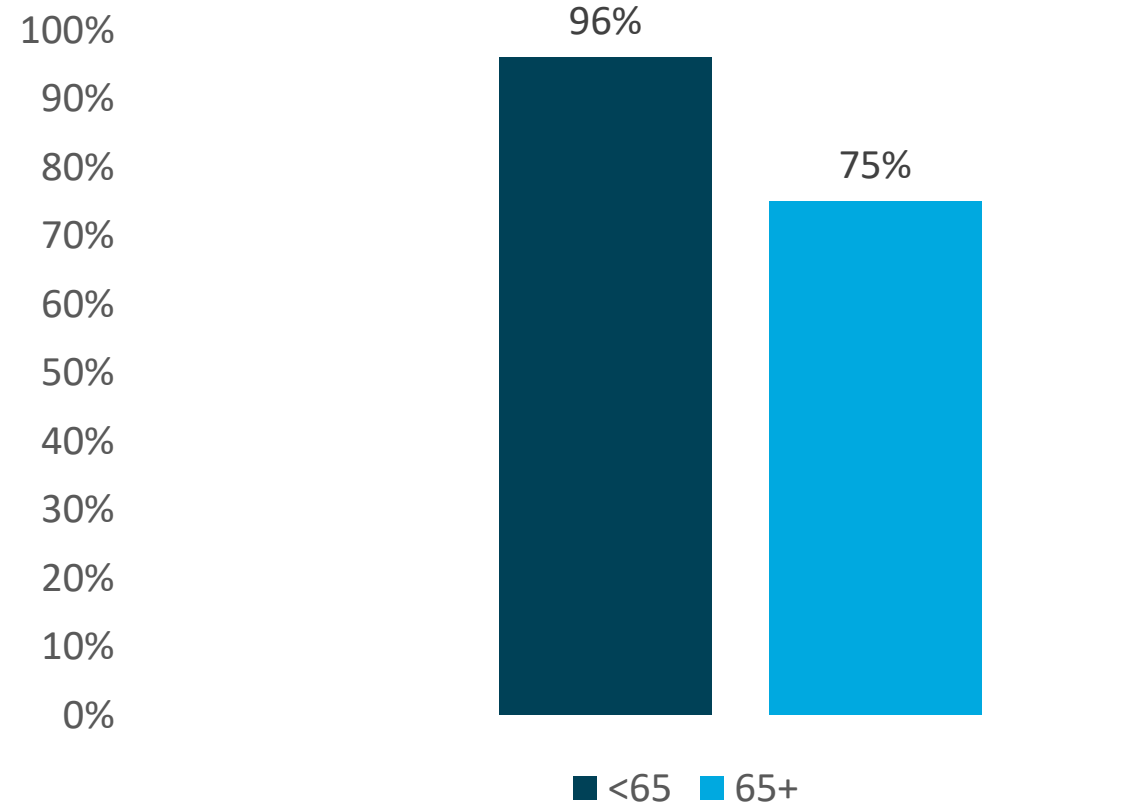
**Older adults and their caregivers should have access and capabilities to use digital and broadband-enabled technologies; however, gaps remain in smartphone ownership and access to high-speed internet.**

### Smartphone Ownership By Age Group (National)<sup>1</sup>



Source: 1. <https://www.pewresearch.org/internet/fact-sheet/mobile/>

### Internet Usage By Age Group (National)<sup>2</sup>



Source: 2. <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>

# HIT and Data Exchange to Support Care for Older Adults

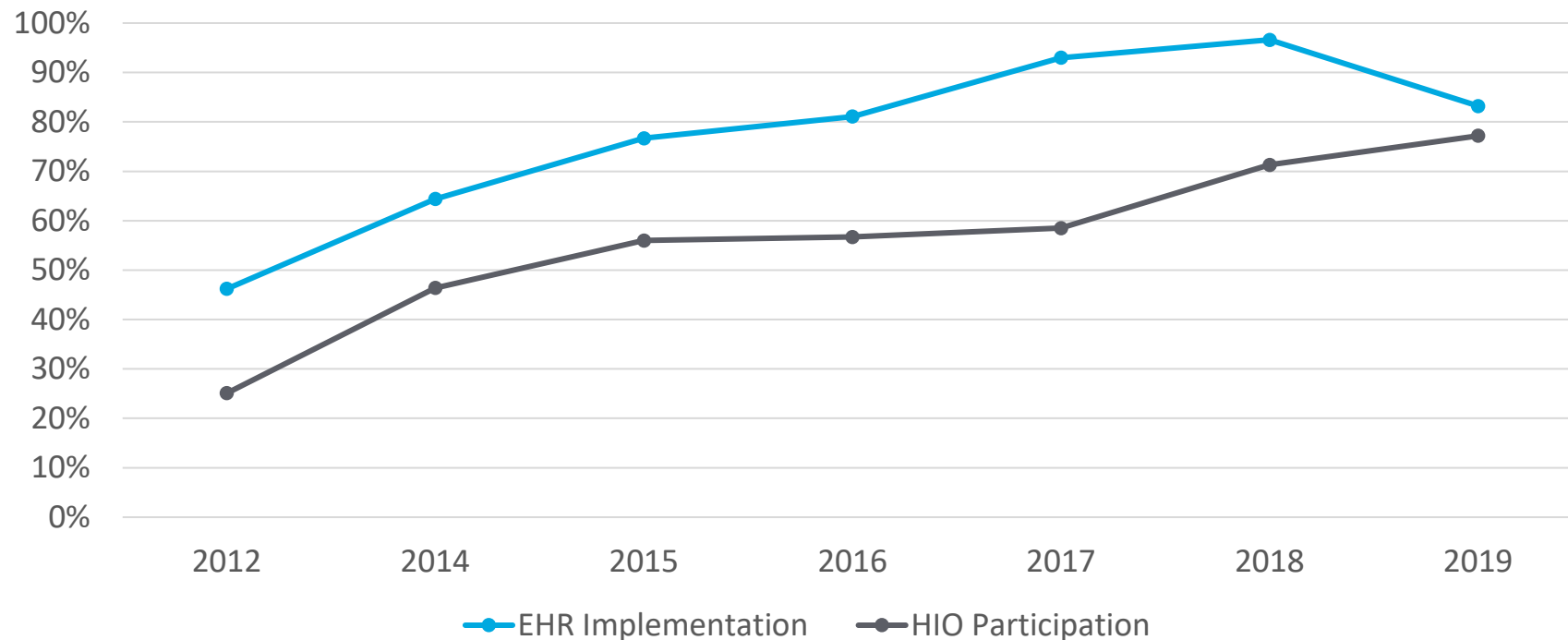
**Health and human services data exchange in California today varies greatly depending on the type of organization and the type of data being exchanged, particularly for the providers who care for older adults.**

- Some types of providers, including acute care hospitals and physician practices, have benefited from State and Federal funding programs and have made significant gains in HIT and data exchange capabilities over the previous decade.<sup>1</sup>
- However, HIT adoption and data exchange capabilities among several types of health and human service providers that were not eligible for these funding programs (e.g., nursing homes, assisted living facilities, and human service providers) has lagged those who were.<sup>1</sup>
- California is engaged in several initiatives that have implications for HIT and data exchange to support care for older adults, including, but not limited to:
  - Master Plan for Aging
  - Health and Human Services Data Exchange Framework
  - CalAIM
  - DHCS' Home- and Community-Based Services (HCBS) and Managed Long-Term Services and Supports (MLTSS) Gap Analysis and Multi-Year Roadmap

Source: 1. CalHHS. Data Exchange Framework: California Data Exchange Landscape. July 2022. [https://www.chhs.ca.gov/wp-content/uploads/2022/07/3\\_CalHHS\\_DxF\\_California-Data-Exchange-Landscape\\_Final\\_v1\\_07-01-2022.pdf](https://www.chhs.ca.gov/wp-content/uploads/2022/07/3_CalHHS_DxF_California-Data-Exchange-Landscape_Final_v1_07-01-2022.pdf)

**With the support of several state and federal funding programs, acute care hospitals' HIT and data exchange capabilities have steadily increased over the past decade.**

**California Hospital EHR Adoption & HIO Participation, 2012-2019<sup>1-2</sup>**

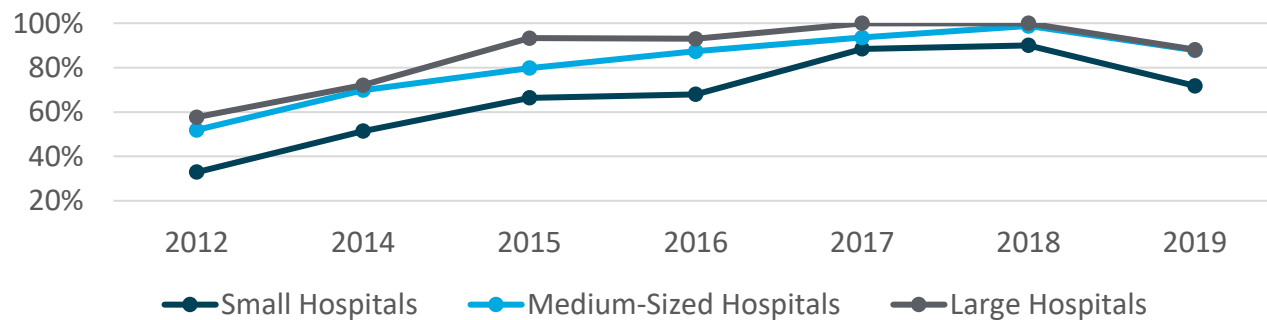


**Hospitals need accurate, up-to-date information on a patient's medications when they arrive, and the patient's care team needs a summary of the care that was provided and any changes to medications when they are discharged.**

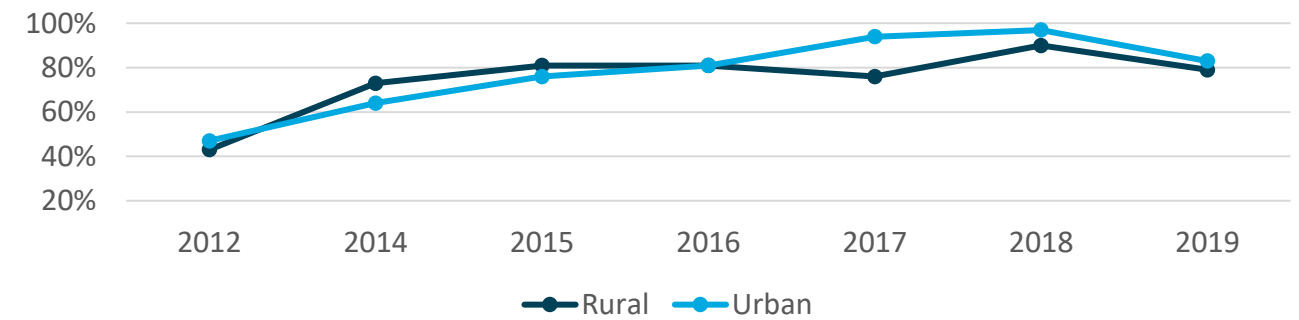
Sources: 1. Julia Adler-Milstein et al., "California Health IT Landscape Assessment" (San Francisco, CA: University of California, San Francisco, 2022); 2. The American Hospital Association (AHA) Annual Survey – IT Supplement changed response options in 2019, which likely accounts for the decrease in EHR adoption rates from 97% in 2018 to 83% in 2019.

**EHR adoption and HIO participation are lower among California's smaller acute care hospitals than among medium or large acute care hospitals, but similar among rural and urban hospitals.**

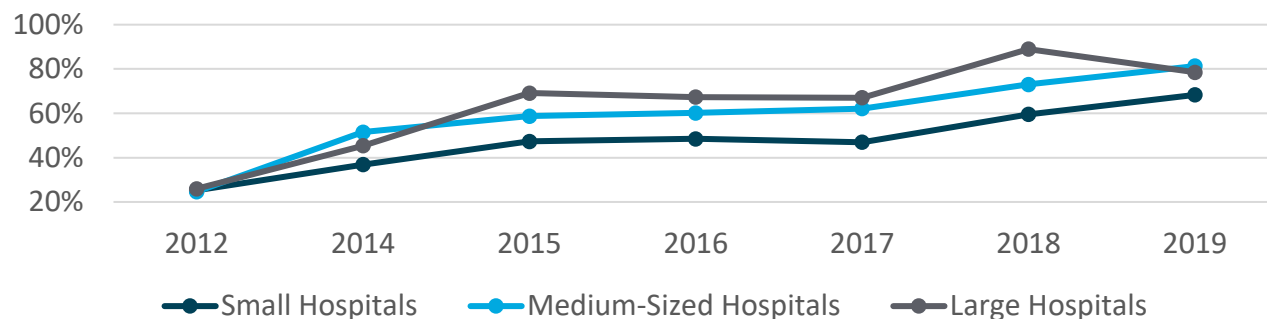
Proportion of California Hospitals Adopting an EHR – Stratified by Hospital Size, 2012 – 2019



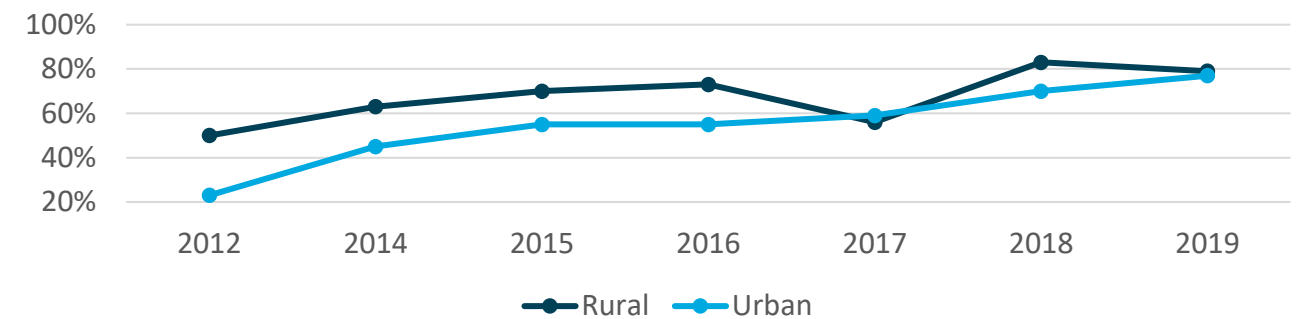
Proportion of California Hospitals Adopting an EHR – Stratified by Hospital Rurality, 2012 – 2019<sup>1</sup>



Proportion of California Hospitals Adopting an HIO – Stratified by Hospital Size, 2012 – 2019<sup>1</sup>



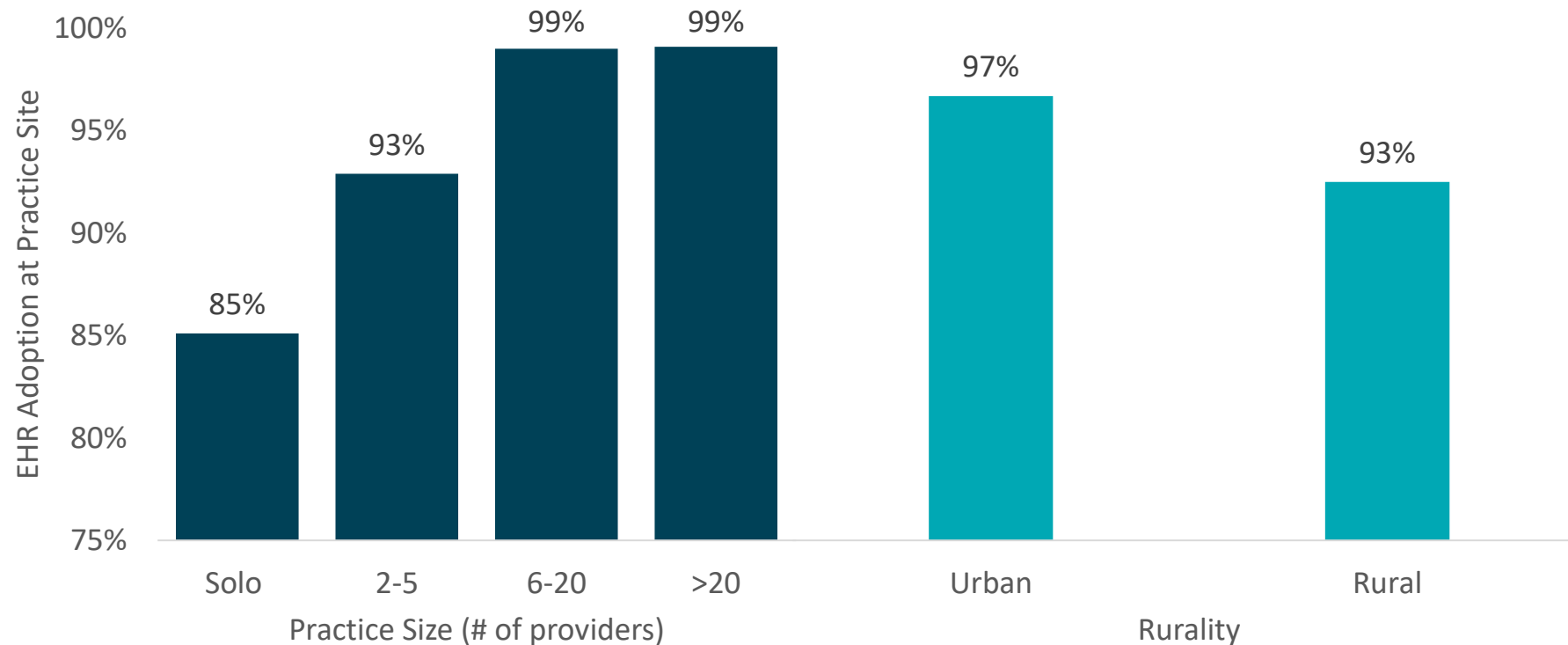
Proportion of California Hospitals Adopting an HIO – Stratified by Hospital Rurality, 2012 – 2019



Source: 1. Julia Adler-Milstein et al., "California Health IT Landscape Assessment" (San Francisco, CA: University of California, San Francisco, 2022).

**Most physician organizations have been eligible for state and federal incentive programs that have enhanced their HIT adoption and data exchange capabilities, but gaps remain among smaller and rural physicians.**

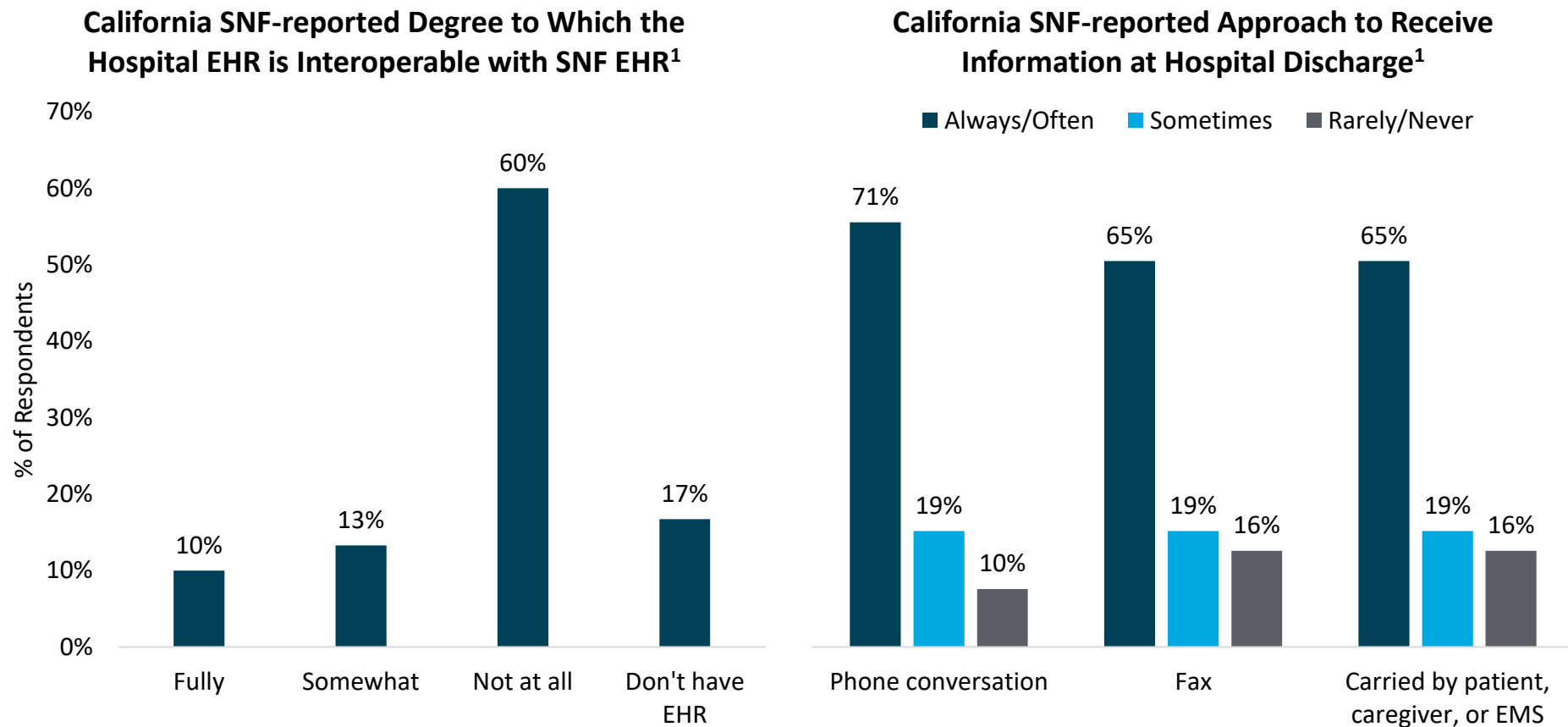
**California Family Medicine Physicians EHR Adoption, 2019-2020<sup>1</sup>**



**Data exchange is a critical component of physicians' care for older adults, especially those with multiple complex conditions that routinely receive care from multiple specialists and human service providers.**

Source: 1. Julia Adler-Milstein et al., "California Health IT Landscape Assessment" (San Francisco, CA: University of California, San Francisco, 2022).

## EHR adoption and data exchange capabilities among skilled nursing facilities (SNFs) and nursing homes has trailed other care settings.

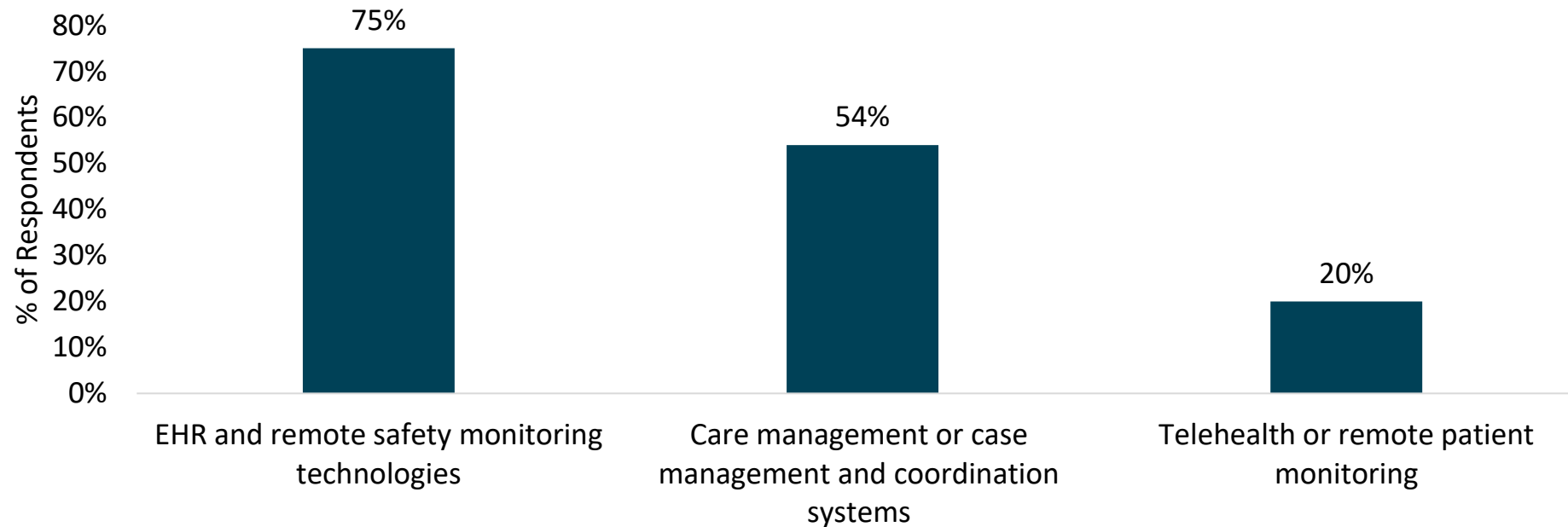


**Data exchange supports transitions of care between SNFs and nursing homes and other care settings, allowing providers to have information on the care that was provided and the needs of the incoming and outgoing patient.**

Source: 1. Julia Adler-Milstein et al., "California Health IT Landscape Assessment" (San Francisco, CA: University of California, San Francisco, 2022).

Limited information exists on California’s approximately 5,900 assisted living facilities’ (ALFs) HIT adoption and data exchange capabilities; however, national survey data suggest high EHR adoption among largest ALFs.<sup>1-2</sup>

HIT Adoption Among 200 Largest Nonprofit Assisted Living Facilities (National)<sup>2</sup>



**Data exchange supports coordination of health and human services that residents of ALFs receive both from providers affiliated with their ALF as well as other community providers.**

*These results may not reflect the HIT and data exchange capabilities of all assisted living facilities, particularly smaller ones which, like smaller organizations in other health care settings, may have less sophisticated capabilities.*

Sources: 1. “Assisted Living – Facts and Figures (California),” American Health Care Association. Accessed 2022. Available at <https://www.ahcancal.org/Assisted-Living/Facts-and-Figures/Documents/State%20Facts/California-AL.pdf>; 2. “LeadingAge Ziegler 200,” Ziegler; LeadingAge. 2019. Available at [https://www.ziegler.com/z-media/4600/2019\\_lz200\\_final.pdf](https://www.ziegler.com/z-media/4600/2019_lz200_final.pdf).

**Anecdotal evidence suggests the human services sector tends to be less technologically sophisticated than the health sector.**

- There are limited infrastructure and standards to support the exchange of human services data.
- Many human services providers lack the resources and technical sophistication to exchange data electronically with other health and human services providers.
- According to a 2022 survey of Medi-Cal MCPs, “the need to use standardized data sharing mechanisms and establish data sharing with non-traditional community support providers” were among the most common challenges cited by MCPs as they prepare for CalAIM.



**Health and human services providers need to exchange data. For example, a medically tailored meal provider needs up to date information on an individual’s diagnoses and treatments to tailor their meals accordingly.**

Source: “California Health IT Landscape Assessment – Part 2,” California Department of Health Care Services. Sep. 2022.

**HIOs, community information exchanges (CIEs) and national networks serve as important intermediaries of data exchange, particularly between enterprises that are not able to easily exchange data through an EHR or other electronic mechanism.**

## California HIOs

- California’s non-profit HIOs share over 20 million patient encounter messages per month and operate in all counties in California.<sup>1</sup>
- However, not all providers choose to participate in California’s HIOs, and not all California’s HIOs connect with one another.

## National Networks

- National networks and national data exchange frameworks are the conduits for a significant amount of data exchange in California.<sup>1</sup>
- However, they have limitations related to the types of data they deliver and the format they deliver it in.

## CIEs

- CIEs are organizations that facilitate the exchange of human services information among a network of cross-sector partners.
- While CIEs are offering important data exchange services to the communities they serve, they are not yet widespread across the state.<sup>2</sup>

Sources: 1. “Issue Brief Overview of Network Types and Characteristics: Overview of Network Types and Characteristics,” California Health Care Foundation. Aug. 2021. Available at <https://www.chcf.org/wp-content/uploads/2021/02/HIECAOverviewNetworkTypesCharacteristics082021.pdf>; 2. “Why California Needs Better Data Exchange: Challenges, Impacts, and Policy Options for a 21st Century Health System,” California Health Care Foundation. Mar. 2021. Available at <https://www.chcf.org/wp-content/uploads/2021/02/WhyCaliforniaNeedsBetterDataExchange.pdf>.

# Major Gap & Opportunity Areas

Three key opportunity areas emerged based on research findings, publicly available information, and input from stakeholders.

1

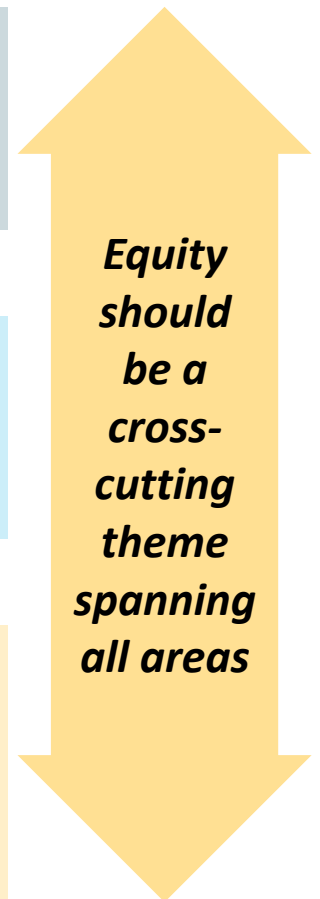
**Research & Evaluation:** Fund research and evaluation that quantify, better identify, and explain the data exchange and technology-enabled service gaps and resource needs to facilitate cross-sector team-based care for older adults.

2

**Pilot Programs:** Fund programs that test technology-enabled services and data exchange interventions that are designed to improve team-based care and better integrate and coordinate care across health and human services providers.

3

**Collaboration & Partnerships:** Establish partnerships among philanthropies, state and county agencies, and others to leverage funding and expertise, identify promising programs and opportunities, and evaluate outcomes for its populations of focus that test and expand technology-enabled services and data exchange.



# Research & Evaluation: Gaps & Opportunities

Gaps		Opportunities
<b>A</b>	Understanding which data exchange and technology-enabled services are <b>most needed to support California program and policy priorities.</b>	<b>Develop white papers and structured evaluations focusing on California policy and program priorities,</b> assessing care settings, provider types, or other aspects of care delivery that have limited technology-enabled services and human resource capabilities needed to support data exchange.
<b>B</b>	<b>Sharing information and supporting referrals with human service organizations.</b>	Develop white papers and structured evaluations describing: <ul style="list-style-type: none"> <li>• <b>Interoperability challenges of closed-loop referral network platforms</b> and linkages with CBOs.</li> <li>• Feasibility of <b>“Lead Entity”</b> models to coordinate investments, training and technical assistance with human service organizations.</li> </ul>
<b>C</b>	<b>Collection, exchange, and use of demographic information.</b>	<b>Conduct research describing barriers to implement and opportunities to improve demographic data collection</b> using standards such as United States Core Data for Interoperability (USCDI) version 2, among health and human service providers who care for older adults.
<b>D</b>	Independent evaluations of approaches to <b>engaging older adults and the associated workforce through technology</b> are most likely to be successful in California.	Develop white papers describing: <ul style="list-style-type: none"> <li>• Opportunities to address gaps in <b>data and digital literacy among older adults and the workforce who cares for them</b> in California.</li> <li>• Current state of <b>technology adoption and data exchange for care models and approaches designed to allow older adults to receive care in their homes.</b></li> </ul>

# Pilots: Gaps & Opportunities

Gaps		Opportunities
A	Data exchange to support <b>diversion from institutional settings.</b>	Establish pilots that test technology-enabled services, training, TA, and content to <b>facilitate human service CBOs' participation in initiatives and programs designed to appropriately deliver care in the home.</b>
B	<b>Data exchange between health and human service organizations</b> in historically under-resourced communities.	Establish pilots that <b>stand-up a community information exchange (CIE)</b> to improve the exchange of health and human services data amongst cross-sector care teams in a historically under-resourced community that is not served by a CIE.

**Partnerships between the public, private, and philanthropic sector are crucial to closing gaps in technology and data exchange to support care for older Californians.**

## Potential Collaboration & Partnership Approaches Topics

<b>A</b>	<p><b>Strengthen partnerships among philanthropies, research institutions, public and private sectors to expand scope and scale of projects and collectively vet projects through expertise that exists across partners</b></p> <ul style="list-style-type: none"><li>• Use forums including the California Aging &amp; Disability Research Partnership, <a href="#">Grantmakers in Health</a> and <a href="#">Grantmakers in Aging</a> to develop concepts and strengthen existing or forge new funding relationships.</li><li>• Partner with groups that have an explicit focus on health equity or represent historically marginalized groups, such as Justice in Aging, the National Hispanic Council on Aging (NHCOA), National Indian Council on Aging (NICOA), SAGE, and others, to develop concepts and initiatives that address disparities.</li><li>• Develop social impact investment partners to support technology and data exchange initiatives.</li><li>• Partner with universities that have schools, centers, or departments focusing on health and aging.</li><li>• Partnerships with hardware manufacturers.</li></ul>
<b>B</b>	<p><b>Partnerships with with California state and county agencies</b> to support demonstrations, research, analyses, and evaluation of programs that focus on older adults and technology or data exchange to advance cross-sector team-based care.</p>



# Thank You!



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The full report is available at: <https://archstone.org/resources/2023-health-information-technology-exchange-report>

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