

Administration for Community Living

Community Care Hub IT Playbook

Best Practices and Tools for Transforming Information and Technology



EXECUTIVE SUMMARY

The *Community Care Hub IT Playbook: Best Practices and Tools for Transforming Information and Technology* (Playbook) serves as operational guidance to community care hubs on the technical and information technology (IT) infrastructure necessary for efficient service delivery and fostering interoperability between CCHs, community-based organizations (CBOs), and healthcare providers¹.

There has long been a disconnect between the health, public health, and social care sectors, with these “worlds” having different funding and payment mechanisms, goals, metrics and reporting systems, and terminology. Over the past decade, there has been a drive toward alignment of these sectors to address social risk factors and better meet the holistic health-related social needs (HRSNs) of older adults, people with disabilities, and other populations with complex care needs. This movement has been catalyzed by technology developments, new payment and delivery system models, a drive toward health equity, and an increasing recognition by the healthcare sector that upstream, community-level social determinants of health (SDOH) (i.e., food deserts, lack of affordable housing and transportation, etc.) and downstream, individual-level HRSNs (i.e., food insecurity, housing instability, etc.) have tremendous impact on a person’s health, quality of life, and mortality risks. These determinants and risks also negatively impact the cost of healthcare and the ability of at-risk individuals to remain at home where studies show they overwhelmingly prefer to be. Research conducted by the Assistant Secretary for Planning and Evaluation in 2022 demonstrates that clinical care affects only 20% of county-level variation in health outcomes, but SDOH impact as much as 50%.

This recognition has yielded increasing attention to screening and referrals for services and interventions related to HRSNs. Healthcare providers, health plans, hospitals, Accountable Care Organizations (ACOs), public health departments, and other types of healthcare organizations (collectively, “healthcare contractors”) are now being measured on their efforts to screen for HRSNs across the populations they serve. Beginning in 2024, the Centers for Medicare & Medicaid Services (CMS) is requiring hospitals to report two new SDOH measures – screening for SDOH (i.e., food, housing, utilities, transportation, and safety needs) and screening positive for SDOH. CMS also issued new guidance in early 2023 to address HRSNs through Medicaid 1115 demonstration waivers and In Lieu of Services (ILOS) under Medicaid. In an effort to reduce health disparities, the Joint Commission now requires organizations seeking accreditation to screen for patients’ HRSNs and provide information about community supports. Similarly, the National Committee for Quality Assurance (NCQA) has added a new social need screening and intervention measure to the Healthcare Effectiveness Data and Information Set (HEDIS), with the goal of identifying and addressing members’ food, housing, and transportation needs.

These changes are bringing increased demand for the services offered by a network of community-based organizations, or community care hub (CCH). A CCH is defined as a community-focused entity that organizes and supports a network of community-based organizations providing services to address HRSNs. A CCH centralizes administrative functions and operational infrastructure, including but not limited to:

- contracting with healthcare organizations;
- payment operations;
- management of referrals;
- service delivery fidelity and compliance;
- technology, information security, data collection, and reporting.

¹ For purposes of this Playbook, healthcare providers include but are not limited to managed care organizations, accountable care organizations, hospitals, health systems and other types of provider organizations.

A CCH has trusted relationships with and fosters cross-sector collaborations of local community-based and healthcare organizations.

The Playbook focuses on the crucial aspects of IT infrastructure and technology that support CCHs in their service delivery, including data management, network and security, hardware and software requirements, interoperability, and staff training. It outlines approaches to implement and manage IT systems and processes and addresses common challenges and barriers to success. It is tailored to help stakeholders understand the advantages and processes of integrating business functions with IT solutions.

Part I of the Playbook provides a holistic understanding of how to leverage IT and shared services to enhance operational efficiency and service delivery. Part II delves into more technical details and addresses regulatory compliance, technical requirements, data requirements, and contract preparation.

Part I: Business Functions for Integration, Shared Services, and Information Sharing

Chapter 1—explores multiple dimensions of business functions supported by IT systems, beginning with program operations and reporting. This encompasses the financial aspects of IT integration, including revenue cycle management. The chapter offers a comprehensive discussion of case management systems, insights into claims processing for CCHs, and ways to integrate these systems with existing information and referral platforms.

Chapter 2—focuses on the concept of shared services and information sharing with a discussion on coordination with federally funded programs. The chapter provides guidance on data collection and collaboration to better integrate with health information exchanges (HIEs) and partner more effectively with aging and disability network partners.

Appendix A: Glossary of Terms—provides brief definitions of terms and acronyms used throughout the document. It serves as a reference to help readers understand the terminology used in the context of the subject matter.

Appendix B: Additional Resources—includes a compilation of references and additional resources that were consulted or cited in the main document. It provides readers with the opportunity to explore further information related to value-based purchasing, HIPAA toolkits, and CCH spotlights.

Appendix C: IT System Functionality Checklist for Community Care Hubs—outlines potential features and capabilities that a CCH's IT infrastructure could have to effectively support its operations.

Part II: Compliance, Tech, and Contracts

Chapter 3—addresses compliance and regulations, beginning with an overview of federal regulations that are pertinent to IT system integration and information sharing. It provides tools, resources, and promising practices that have been effective in meeting regulatory requirements.

Chapter 4—describes technical requirements, delving into security and data privacy considerations when designing and implementing IT systems. It also discusses the elements of system architecture and infrastructure, providing a technical perspective on the foundations of IT systems.

Chapter 5—focuses on data requirements. The Playbook explains data architecture, data structure, and data standards associated with IT integration. It provides best practices for data collection and reporting, making it a valuable guide for organizations seeking to streamline their data practices.

Chapter 6—"Preparing for Contractual Relationships," discusses key considerations when entering contracts related to IT services. It outlines system architecture considerations in such contracts, ensuring that technical aspects are well taken care of in contractual agreements.

Appendix D: Sample Templates and Checklists—includes a collection of sample templates and checklists that can be used as reference tools or starting points for various tasks or assessments.

Appendix E: Sample IT Security Contract Terms—provides sample contract terms related to IT security.

Conclusion—The Conclusion underscores the vital role of interoperability and data sharing in elevating the quality of care provided by CCHs and the aging and disability organizations they represent. Investing in a flexible IT infrastructure that supports data sharing and is compatible with partner systems promotes a collaborative approach to foster care coordination and improve client health outcomes.