

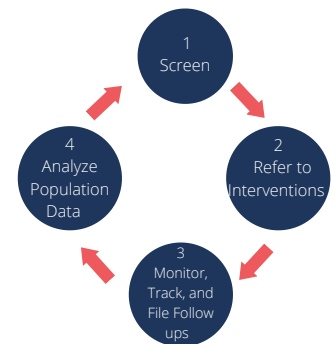
COMMUNITY RESOURCE INFORMATION EXCHANGE PROJECT (CoRIE)

WHY CORIE?

The Department of Health Care Finance (DHCF) has prioritized addressing social factors that influence health outcomes, like hunger and housing insecurity in DC. Managing social determinants of health (SDOH) depends on screening individuals to identify social risks, assisting them as appropriate, and tracking efforts that meet their needs. These activities are enhanced through standardizing data captured on screening and interventions to enable data sharing among organizations addressing individual needs and to optimize whole-person care.

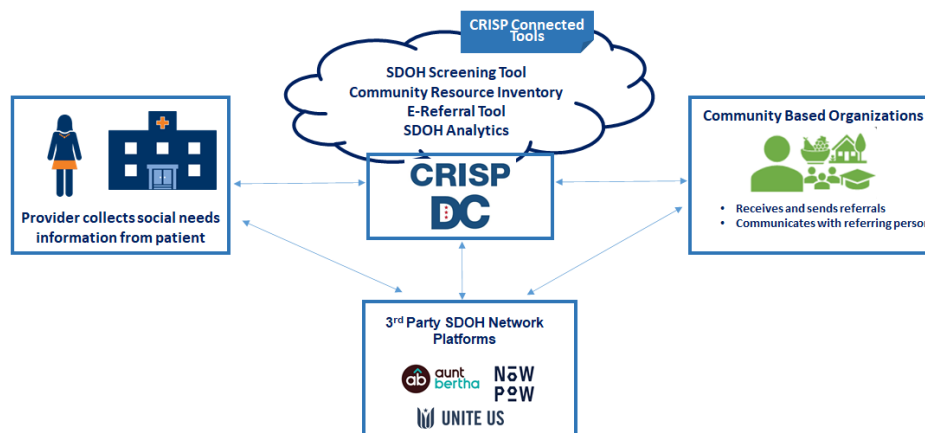
AIMS AND GAINS

- Connect health and social service providers using the DC HIE without requiring a single technology platform
- Support clinical-community linkages that address health-related social needs to improve health equity, well being, and quality of life
- Improved cross-sector coordination and collaboration
- Better, more proactive care experiences for patients
- Better health outcomes for individuals and populations



STAKEHOLDER-INFORMED ACTION PLAN

- Build consensus around social screening domains starting with food and housing
- Enable standardized capture and exchange of screening data through multiple methods
- Facilitate electronic referrals that notify referring providers of referral status
- Support care team follow-up through alerts to patients' providers or case managers
- Integrate community resource inventory (CRI) into DC HIE/CRISP
- Provide data and analysis of how social needs impacts health care use and health outcomes



INTERESTED IN LEARNING MORE?

Please contact Laura Mandel at laura.mandel@crisphealth.org, David Poms at dpoms@dcpca.org, or Rita Torkzadeh at rita.torkzadeh@dc.gov

SDOH SCREENING

What is it? A system to collect and display SDOH screening information across the District

Why is it important? Breaks down silos by sharing SDOH screening across providers using different questionnaires and collection methods

Vision/potential impact: Sharing SDOH screening information across providers reduces duplicative screening, avoid unnecessary distress by re-asking sensitive questions, and gives providers more information at the point of care for best care planning.

How can you help? Share structured SDOH screening data with CRISP



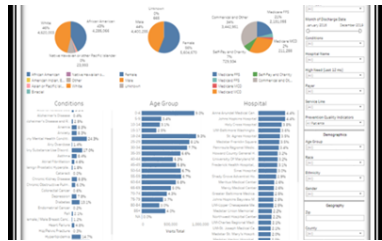
COMMUNITY RESOURCE INVENTORY (CRI)

What is it? A directory of shared resources reflecting programs and organizations in the community that users draw upon to connect individuals with services they need.

Why is it important? Help identify appropriate resources to address individuals' social needs.

Vision/potential impact: Resources are easy to identify and access when needed by referring providers and individuals based on social needs and geography.

How can you help? Contribute to a collaborative resource directory project building the CRI



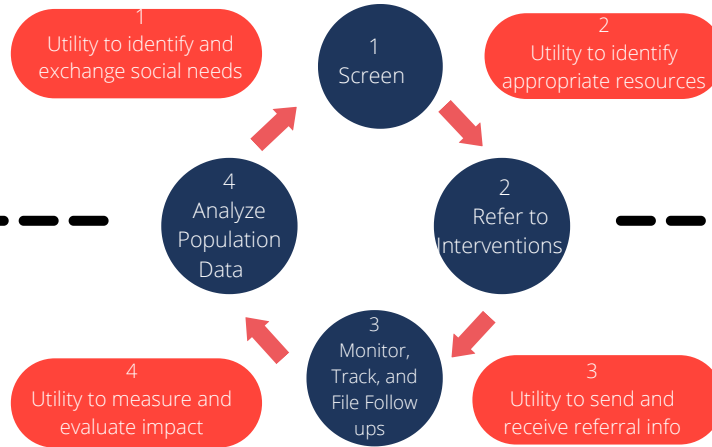
SDOH ANALYTICS

What is it? Reporting that will measure and evaluate the impact of social needs, referrals on cost, utilization, and outcomes.

Why is it important? Analytics to evaluate the impact of SDOH interventions on utilization and outcomes

Vision/potential impact: Analytics will provide an opportunity for DHCF, CRISP, and users to discover greater insights into SDOH factors
CBOs can understand the impact of their interventions on patient healthcare cost and utilization
DHCF and MCOs can analyze and prioritize where more resources and interventions are needed based on social need and intervention impact

How can you help? Help design analytics suite and become a beta user



SDOH REFERRALS

What is it? System to allow for sending, receiving and providing feedback on SDOH referrals

Why is it important? Enable closed loop referral process that helps District residents to get to the resources they need and show a care team the whole person view of health and social care

Vision/potential impact: Show a whole person view of patient's care regardless of where/what system was used to send a referral through providing a light-weight referral tool OR integrating with existing SDOH network vendors

How can you help? Become an early adopter of the CRISP e-Referral tool (CBO or referring person)

