

Cross sector case conferencing

Overview of this strategy

Case Conferencing is a recurring, problem-solving meeting that brings key participants together to collaborate on ways to remove barriers to help house clients faster. Teams work with real-time, by-name lists to coordinate resources, while figuring out how to generate and measure system improvements. **Cross-sector case conferencing** is the practice of case conferencing between homelessness response systems and another system, like health care. Cross sector case conferencing has emerged as a practice that brings together the homeless response system, health systems, and other agencies interacting with populations with complex needs to improve care, health outcomes, and system coordination.

These interdisciplinary case conferencing meetings allow for the discussion of client cases, pooling of resources, problem solving and more effective coordination of services.

On an individual level, case conferencing can lead to a more comprehensive understanding of, and problem-solving for, a client's needs, enabling the provision of a more effective and personalized plan of care.

As agencies collaborate across sectors, a skillfully managed cross-sector case conferencing table can enhance relationships and trust between agency representatives, allowing opportunities to surface confusion around use of terms and build a shared language. Participants from each sector learn about the other sector and begin to understand the services and supports that their colleagues provide to clients. Furthermore, cross sector case conferencing provides an opportunity to identify common system barriers for different subpopulations. Capturing these themes can help communities begin to address these barriers with process improvements.

The [Cross-Sector Case Conferencing Guide Toolkit](#) provides guidance and resources on planning and translating insights into action, including identifying the population and partners for cross sector case conferencing, financing the table, preparing the case conferencing table, and structuring the meetings to be action-oriented and effective. It also provides guidance around data sharing, as case conferencing for care coordination is allowed by HIPAA but some communities are hesitant to pursue this cross sector approach without a clear structure and data use agreements between organizations.

Impact of this strategy

Cross sector case conferencing is an emerging practice, likely to boost outcomes in these areas:

- **Degree of system coordination** - cross-sector case conferencing can help identify gaps in service delivery and more quickly develop strategies to address them. It can also accelerate information sharing and relationship building across sectors as agencies collaborate around the common goal of supporting individual cases being discussed.
- **Individual health outcomes** - for those cases being discussed, it can enable provision of a more effective plan of care, such as by getting connected to insurance benefits, primary care, medications, and other necessary treatment or services..
- **Population level outcomes** - can support surfacing common barriers and helping create pathways for better care and more rapid housing for specific populations like justice-involved youth, adults with cancer, and older adults and groups with complex medical needs..
- **Using resources effectively** - ensure services and efforts are not duplicated between organizations and systems and streamline access; may help reduce hospital readmissions and emergency department visits and assure more effective and appropriate utilization of services.

Resources and tools for implementing this strategy

- Community Solutions' [Cross-Sector Case Conferencing Toolkit](#)
- Webinar on [Privacy Explained for CBOs: Navigating HIPAA, Privacy Laws and Technology for Care Collaboration](#)
- The Anchor Community Initiative's [Case Conferencing Quick Guide](#)
- U.S. Department of Veterans Affairs: Supportive Services for Veteran Families Program Homeless Program [Hotel/Motel Case Conferencing and COVID-19](#)
- Powerpoint from the AIDS Education and Training Center Program on [Effective Case Conferencing with Teams](#)
- HRSA Ryan White [Case Conferencing Implementation Guide](#)

Practical advice from the field

One conversation that emerged from cross-sector case conferencing was around aligning the hospital and HRS prioritization protocols for the case conferencing table, especially by expanding prioritization to include people who are high utilizers of healthcare services but might not fit the definition of chronically homeless. Being in person with others offered an opportunity to present more nuanced information about a person experiencing homelessness that was relevant for their health and housing outcomes and shed light on the actual people behind the data, reducing the need frontline staff felt for doing advocacy to work around the system.

HIPPA allows sharing information about a client for care coordination and care management, but teams should be conscious of and even expect to encounter hesitation or misunderstandings about what it allows. Some communities were able to start case

conferencing on a small scale by starting with individual releases of information from clients, which helped them gain momentum and make the case for more formalized data sharing. Other communities started with data sharing agreements before beginning case conferencing but noted that it was a lengthy process to have the health system sign an MOU.

Some enabling conditions for cross-sector case conferencing that emerged from the pilot are:

- Having or building connections with the people in the other sector who would be part of the cross-sector case conferencing table
- Having a precedent of the CoC or health system having robust case conferencing practices
- Having precedents for sharing information about a client across sectors in your community
- Having dedicated project management, facilitation, and logistics support

Tactics & change ideas

- Strategize around which subgroups to convene around first, such as high utilizers of the emergency department who would also be prioritized in the coordinated entry system
- Developing joint objectives and measures for clients served by case conferencing, especially as part of making the case for expanding to additional clients
- Ensure an accurate understanding about what HIPAA allows in service of case conferencing, and develop mechanisms such as MOUs and BAAs to support cross sector data sharing and practice
- Share about any existing CoC case conferencing/case management infrastructure to illustrate supports available in the community that provide more than physical healthcare
- Start small with case conferencing and gradually expand to more agencies at the table and other sectors (local federally qualified health centers, aging and disability resource centers) as you build momentum and buy-in. You may have multiple case conferencing tables going in parallel to look at different subpopulations with complex needs.
- Leverage case conferencing as a platform to identify and fill gaps in knowledge about the other sectors. Considering use 1 or 2-page "fast facts" document to quickly share about available resources to newcomers to the case conferencing table.
- Build problem solving and feedback mechanisms into cross-sector case conferencing in support of improvements to the system of care. Individual cases can help pave the way for streamlined and documented processes (such as the process to apply for home and community-based waivers or how to connect clients to primary and specialty care) as well as establish priorities for new services.

Bright spots & examples from the field

Healthcare and homeless system representatives in Washington County, Oregon launched a [case conferencing pilot](#) for their winter shelter and laid nearly three years of groundwork before beginning expansion of the work.

As part of [Project BEACN](#) (Building Engagement to Address Complex Needs), a team of multi-sector, multi-disciplinary individuals participated in weekly meetings around development of an individualized care plan.

This case study of [4Children's OVC Project in Lesotho](#) describes the steps the organization took around developing a case conferencing structure around addressing the needs of vulnerable children.

References:

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