

Healthcare x Homelessness Theory of Change

Use shared data to improve housing & health outcomes

Overview of this strategy

A critical component of a community's ability to end homelessness is having an understanding of who is experiencing homelessness at any given time, how the number is changing month over month, and other population-level dynamics, like inflow and outflow (Community Solutions, 2021). While sharing bi-directional, real-time data is an ultimate end goal, there are many challenges and barriers that stand in the way of data-sharing between systems, including hesitation from legal teams due to misconceptions about HIPAA and limited capacity to pull data on a regular basis (Bosold et. al, 2022). Thankfully, there are incremental steps and creative workarounds a community can take to support coordinating care for individuals and supporting data-driven, systems-level planning and decision-making (Wu, 2020; Walker, 2022). Many of these are outlined in the [Healthcare System and Homeless Response System Data-Sharing Toolkit](#).

Regardless of what type of data is being shared between systems, it is critical that data-sharing is centered on shared aims: to improve health and well-being, to improve quality of services and care, and ultimately to reduce homelessness at the population level. Some examples about how data-sharing can improve outcomes include:

- A hospital alerts the homelessness response system of patients who are experiencing homelessness but were previously unknown to the homeless response system, connecting them to services and supports across the Continuum of Care.
- Cross-sector case conferencing, bolstered by shared individual data for the purpose of coordinating care as allowed by HIPAA, allows representatives from both systems to bring expertise and resources in support of improving individual outcomes, resulting in a less fragmented and more coordinated system of care.
- Health and housing navigators with access to HMIS can connect people experiencing homelessness to the coordinated entry system before discharge from the hospital making it less likely that a person is discharged to the streets.
- Aggregate healthcare utilization data on people experiencing homelessness can be used to advocate for additional resources to meet complex health and housing needs.

Impact of this strategy

Using shared data is likely to boost outcomes in these areas:

- Degree of system coordination - shared information on population or subpopulation trends can aid in planning; sharing near real-time shared data on patients can support care coordination; overall, understanding how the population impacts both

systems can create a shared story of why collaboration is necessary, to build will and momentum around a shared aim.

- Individual health outcomes - sharing information around individual patients can support a more holistic and integrated approach to care delivery
- Individual housing outcomes - sharing information around housing need can surface people previously unknown to the homeless response system and lead to placement in permanent housing

Resources and tools for implementing this strategy

- Webinar on [Privacy Explained for CBOs: Navigating HIPAA, Privacy Laws and Technology for Care Collaboration](#)
- HUD resource on [Homelessness and Health Data Sharing: Why and How Communities Are Sharing Data to Improve Outcomes for People Experiencing Homelessness](#)
- Community Solutions: [Healthcare System and Homeless Response System Data-Sharing Toolkit](#).
- [Data sharing tools and resources from the work](#) in the National Center for Complex Health and Social Needs
- California Healthcare Foundation: [How to Share Data: A Practical Guide for Health and Homeless Systems of Care](#)

Practical advice from the field

Pilot sites expressed a range of opinions as to how easy it will be to sustain data-sharing in the long-term. Those sites who were able to work toward a more robust data-sharing across sectors (i.e. were able to put formal agreements to share data across sectors) tended to be more confident in their ability to sustain this work.

Some of the enabling conditions for data-sharing across sector referenced by pilot sites are:

- Clear roles and responsibilities across both sectors
- Strong and consistent leadership and early wins
- Strong legal and compliance support and capacity within health systems
- State regulations related to sharing HMIS data (i.e. CalAIM)

Tactics & change ideas

- Ensure an accurate understanding about what HIPAA allows in service of case conferencing.
- Use shared data to strategize around which subgroups to conference around first, such as high utilizers of the health care system or medically complex PEH in the homeless response system.
- Increase and facilitate flow of communication and information sharing between hospital case managers and homeless system case managers.

- Collect and share quality data to prioritize high utilizers of the healthcare system that are on the By-Name list and use person level data to track progress towards better health and housing outcomes
- Outline an incremental approach to bridging health system and homelessness response system services through data sharing using Community Solutions' Data Sharing Toolkit & Resources
- Develop mechanisms/MOUs to support cross sector data sharing and practice

Bright spots from the field

- Two case studies from Sacramento and Washington County, Oregon are described in more detail in the PBS segment of [Why: How medical records and data sharing agreements bridge gaps in health care and homelessness services](#) as well as in the [Learning Brief: Data Sharing between Homelessness and Health Systems](#)
 - In Sacramento, CA, each of four health systems is developing a separate data-sharing agreement with the CoC lead agency, whereby the health systems can access by-name data, coordinate care for people in their community experiencing homelessness, and share aggregated health data back to the homeless response system.
 - In Washington County, health systems receive lists of unhoused people from the HMIS and use the information to assess if people experiencing homelessness are patients of their health systems and discuss cases in routine case conferencing meetings between health care coordinators and housing case managers.
- San Diego's Community Information Exchange incorporate HMIS and is an ecosystem comprised of multidisciplinary network partners that use a shared language, a resource database, and an integrated technology platform to deliver enhanced community care planning.

References:

Bosold A., Singhakiat B., Talwar-Hebert M., Robinson S. (2022). Cross-Sector Data Sharing to Address Health Related Social Needs: Lessons Learned from the Accountable Health Communities Model. Centers for Medicare & Medicaid Services.

<https://www.cms.gov/priorities/innovation/media/document/ahcm-cross-sector-data-sharing>

Community Solutions. (2021). What is a By-Name List?

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Walker DM, Hefner JL, DePuccio MJ, et al. Approaches for overcoming barriers to cross-sector data sharing. *Am J Manag Care*. 2022;28(1):11-16. doi:10.37765/ajmc.2022.88811

Wu D, Davidson N, Walker K, Yock B, Jha A. Three Strategies to Overcome Data-Sharing Challenges to Improve the Social Determinants of Health. *Patterns* (N Y). 2020;1(5):100085. Published 2020 Aug 14. doi:10.1016/j.patter.2020.100085