



Supporting Medi-Cal Populations

Improving quality and reducing cost of care through data sharing

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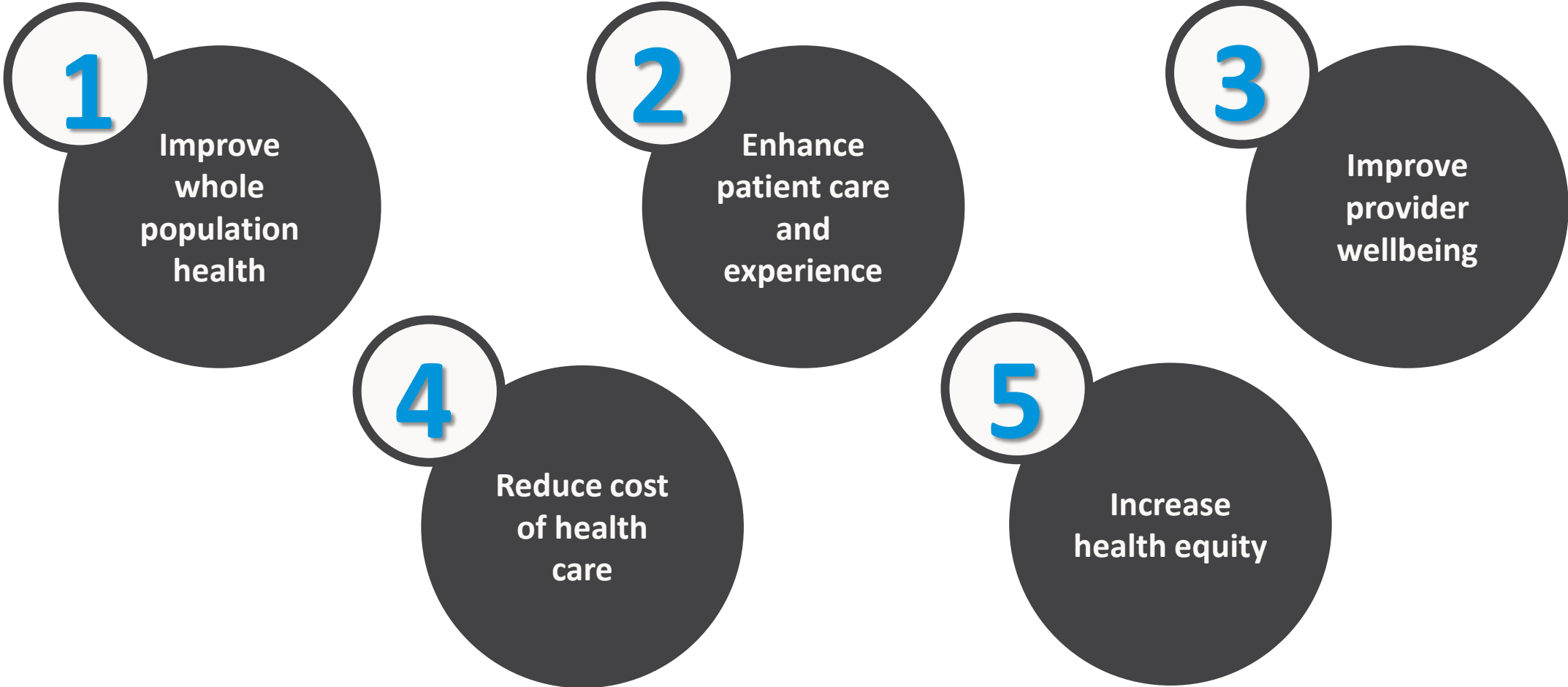
Vice President, Health Transformation

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Our philosophy

Relentlessly pursue fundamental changes in how healthcare is delivered to achieve the quintuple aim



Advocating for policy reform to standardize and require data sharing

- Invested in establishing health information organizations.
- Led the effort to pass the California Data Sharing Agreement as part of the state budget.
- Strong proponent of the state Data Exchange Framework.
- Designated appointee to the state's Data Sharing Advisory Group.



State Health Information Exchange powers the ecosystem

1

Providers can more quickly gather a comprehensive understanding of their patient's needs.

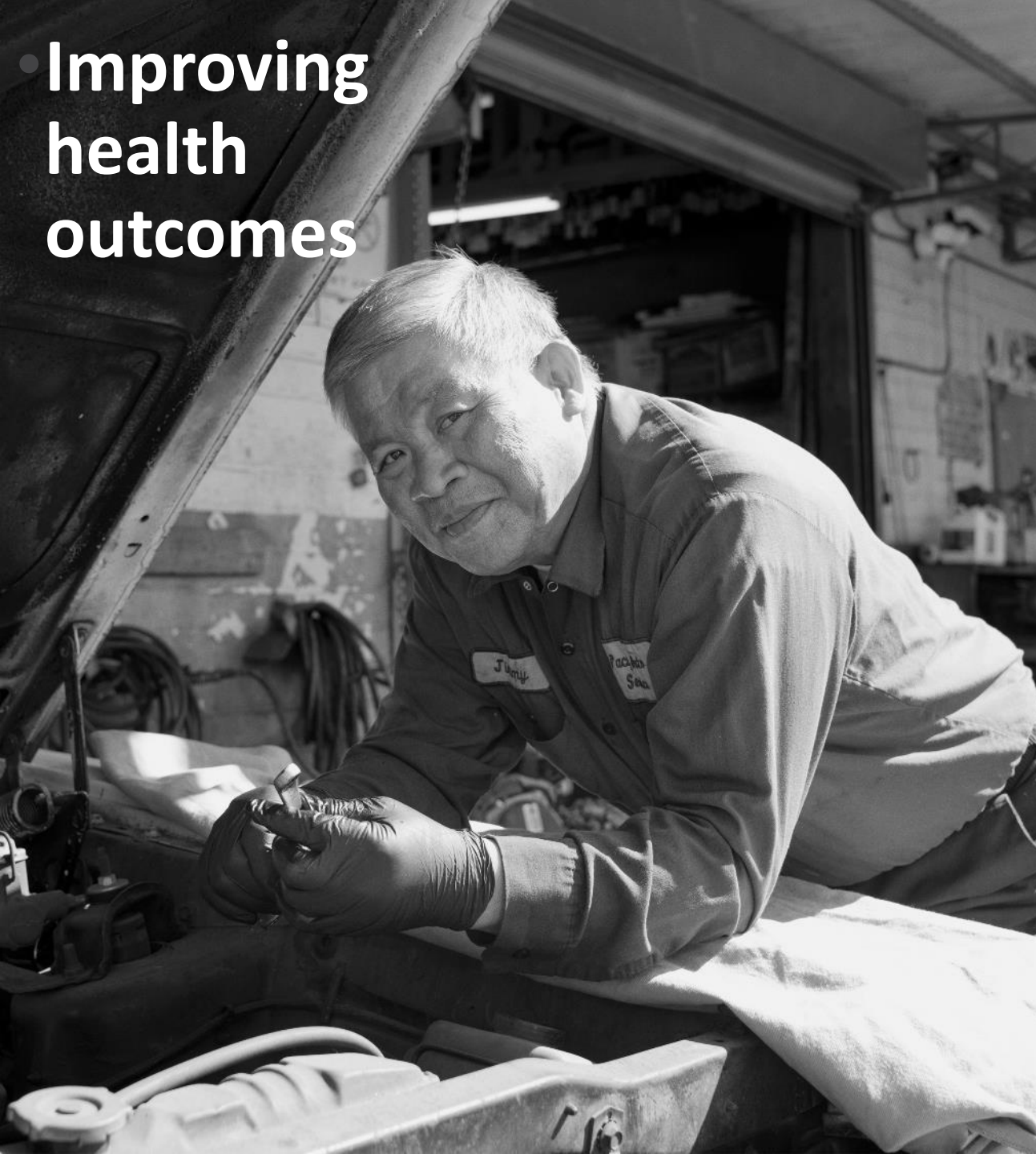
2

Policy makers gain needed insights into population-level health needs.

3

Reduces health disparities by tying the information shared to success and quality measures.

Improving health outcomes



- Data sharing increases care coordination and chronic condition and disease management.
- Healthcare services are delivered with more precision, speed, and improved health outcomes.
- Reduces things like ER visits, hospital admissions, medication errors and duplicate testing.
- Identifies and closes gaps in care.
- Creates a complete health story through an Individual Health Record which empowers the patient, payers and providers.

Meeting state and federal requirements

Mandated reporting can't happen without accurate, real-time data.

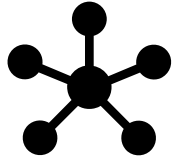


- **HEDIS scores**
- **Medicare star ratings**
- **Medi-Cal quality reporting**
- **Covered California Quality Transformation Initiative measures**

Real-time data exchange use cases

- Clinical data exchange provides access to clinical encounter data.
- Admission, discharge and transfer notifications informs Blue Shield of inpatient and Emergency Department visits.
- Scheduling notifications provides Blue Shield insight into upcoming appointments allows us to communicate with providers regarding open care gaps and/or suspect conditions to ensure these are discussed during scheduled appt.
- Health Plan Summary allows Blue Shield to push claim and encounter data.
- Care Gap Exchange allows Blue Shield to share care gap reports with providers.
- Allows Blue Shield to share suspected conditions and member insights with providers.

Simplifying a complex healthcare system



Collaboration

We can't meet the needs of our Medi-Cal populations without partnership and collaboration across all points of care.



High tech

Blue Shield created a comprehensive digital health record that people can access on their phone.



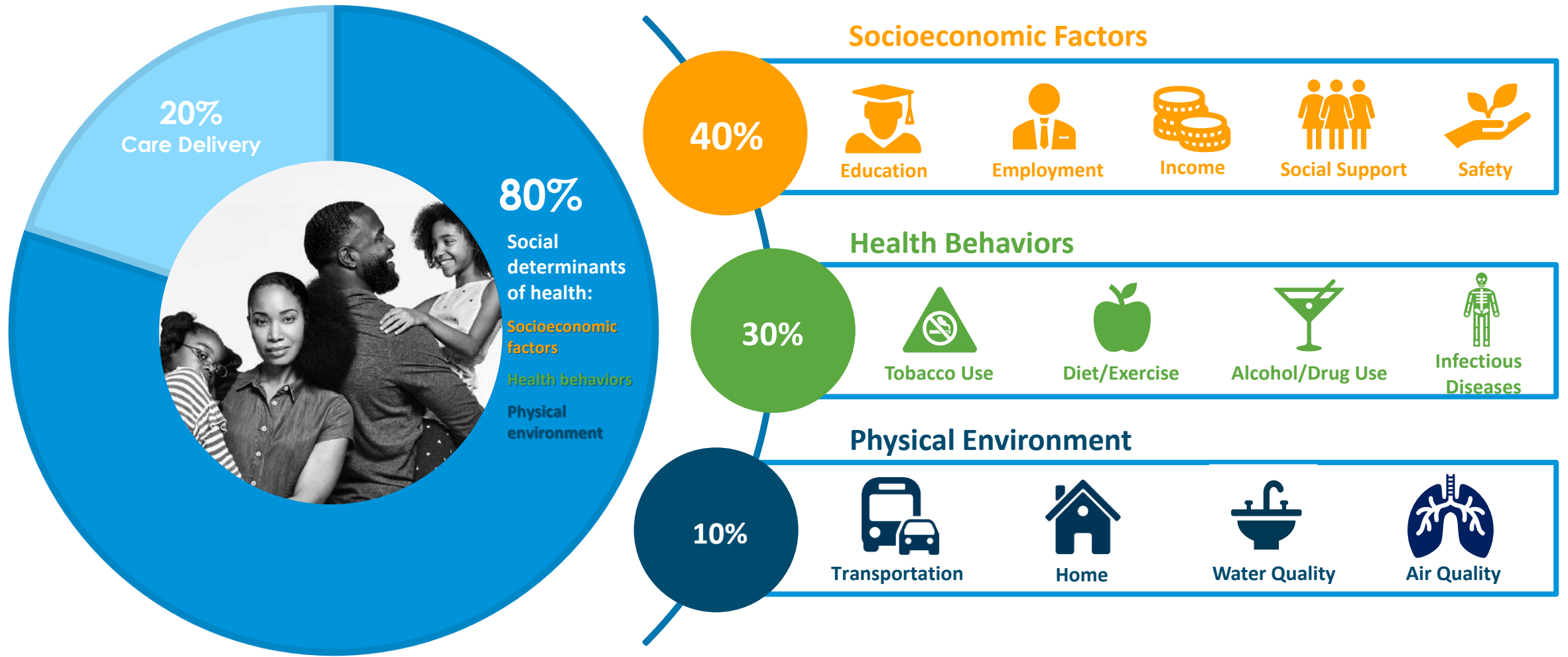
High touch

Health advocates support members on the ground with day-to-day life, understanding benefits and managing their health care needs.

Transforming Medi-Cal through CalAIM and whole person care

- 1 Whole-person care is the coordination of health, behavioral health, and social services in a patient-centered way through mindful use of resources.
- 2 Shared health data can connect patient medical histories with other Social Determinants of Health data to paint a picture of whole person care that delivers high-quality outcomes.
- 3 Key to the success of this initiative is the ability to target populations, share data between systems, coordinate care in real time, and evaluate individual and population-based progress.

Incorporating social determinants of health





Creating health equity through data equity

- 1 Ensuring that we have the data for every community and group, not just for some, is essential.
- 2 Watching for and preventing bias in our data, which would have adverse impacts on under-served communities.
- 3 Empowering and educating members through their digital health records.

A 21st century healthcare system is founded on trust

- Building trust starts with bringing people together, from the community-based organizations to the health plans and the community clinics-- and putting the members at the center.
- Deep-rooted relationships, and the trust that is built within them, lead to the underlying buy-in that brings people to participate in the data-sharing efforts.
- Organizations are starting to demonstrate that it can be done in a way that is protective of both the patients and the providers themselves.



Questions



Blue Shield of California is an independent member of the Blue Shield Association