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New Jersey's double-barreled attack on heroin is part of a growing trend in which officials use information technology.

Breaking down walls between health care, other services

By **DAVID PITTMAN** | 08/19/15 11:36 AM EDT

A year ago, heroin killed more New Jerseyans than homicide and HIV combined.

Horrified by watching so many of their citizens die, state health and law enforcement officials concocted an unprecedented plan. For the first time, they would share information on the state's heroin epidemic. Public health officials would open access to data on overdose deaths and emergency room admissions that police previously waited up to a year to see. Police would support health officers fighting drug addiction.

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officials use information technology to tear down the walls separating health care from services such as housing, welfare and policing. Social scientists and federal health officials have long said that a patient's social and economic environment can determine whether health care has the desired healing effect. Now, they are starting to use technology to tackle the problems together.

San Diego County, for example, spent more than $4 million to build a system that connects nine of its health and human services programs. New York City hired a data company that tracks evictions, allowing tablet-carrying city officials to arrive on time with health information, housing chits and other services.

In the New Jersey program, law enforcement officials can now deploy resources to communities where epidemiology showed heroin overdoses spiking. The police provide health officials with Naloxone, a tightly controlled drug that counters the effects of opioid overdose.

"With that sort of information, we can examine and identify trends," said Chauncey Parker, director of the program in the New York-New Jersey area that runs this information sharing project. "We need that information in a timely way because it can lead to the public health deployment."

The program has worked so well that the White House wants other areas high in drug trafficking to replicate it. Officials on Monday announced $2.5 million in grants to expand the program to 15 states in New England, the East Coast and Appalachia.

The collaboration allows public health and public safety officials to speak with one voice, "understanding this problem and coming up with ways to deal with it," said Paul Wormeli, former executive director of the Integrated Justice Information System and a co-creator of the New Jersey program.

The data-sharing between cops and health officials does not involve sophisticated technology, but required sensitive handling of privacy, Wormeli said. Civil liberties proponents signed off on the plan developed by the state, which sets strict controls on access to data. No public disclosure or sharing of medical information is permitted outside of an investigation or analysis.

San Diego, meanwhile, wanted to "connect the unconnected" as part of its 10-year

plan to care for the aging and chronic-disease sufferers through integrated services.

"If we can share electronic medical records across hospitals, we surely can be sharing data across cradle-to-grave programs in government settings," said Nick Macchione, director of San Diego County's Health and Human Services Agency. Sharing medical records is great, "but that's not the full equation to achieve wellness. They're going to need public health data. They're going to need human services data," he said.

The county program connects records from public health, behavioral health, housing, aging, child protection and other services. A separate database connects community nonprofits and a third existing database pools information from hospitals and other health providers.

The three concentric circles will, in theory, be able to share information. The project started this year. By 2017 officials expect to have predictive analytics that will provide each agency more information about its clients.

"It's a government-without-walls model we are creating," Macchione said.

In an example of the problems such a system could fix, Macchione mentioned a man whom probation officials released from jail in 2011 after a sentence for domestic violence. They sent him to his last-known residence, the home of his 4-month-old son and the child's mother. The probation officer did not have access to child welfare information that would have told him that the mother and child were in the house.

Not long after his release, the man severely beat the child in a fit of rage. He was sentenced to 35 years in prison in 2012.

"That's just one example, and there are many, where this is not the most advanced technology we're talking about that provides enough insight to do some intelligent case management to avoid tragedy," Macchione said.

New York City is using technology to help combat homelessness.

The city's Department of Homeless Services used to track evictions — nearly 5,000 a month in Staten Island and Brooklyn alone — when they arrived on Excel spreadsheets.

"You can just imagine, that would take a month from the time the eviction was filed, for us to process the list manually, for us to go out and do street outreach, for the person to come into our office and be interviewed and screened," said Melissa Mowery, vice president of CAMBA, a nonprofit that works on fighting homelessness and building affordable housing.

The city hired Arachno Corp., which specializes in mapping and plotting data in real time, to build an application that processes housing information and maps it for tablet-carrying workers in the field. This speeds the provision of services to people in neighborhoods that are eviction hot-beds.

"If it took a month before, it can take a couple of weeks now," Mowery said. "If we're able to get to these families faster and we can try to solve the problem before they evicted, then that's a more cost-effective intervention."

Federal officials are well aware of the value of integrating health with other human services data. ONC's 10-year roadmap to achieve interoperability in health information includes a plan to connect networks of public health, social service and community-based organizations.

Connecting HHS agencies with Justice and other departments is a key goal, said Maria Cancian, deputy assistant secretary for policy at HHS' Administration for Children and Families. The idea is to share information at the federal level the way that New Jersey, San Diego and New York City have been doing in their communities.