

Sharing Health Information to Address Food Insecurity

August 31st, 2021

9:30am to 11:00am



Agenda

ATTACHMENTS & RECOMMENDATIONS	REPORTING
Webinar Logistics	Charlotte Reische
Setting the Stage	Melissa Cannon, Nourish CA
Overview/Examples	Jennifer Schwartz, Cal OHI
Examples from the Health Center	Cathryn Couch, Ceres Community Project Beth Dadko, Santa Rosa Community Health
Examples from the Health Center	
Q & A	



Sharing Health Information to Address Food Insecurity

**New state guidance on health
information sharing and steps health
centers are taking to coordinate care**

MELISSA CANNON, SENIOR ADVOCATE

AUGUST 31, 2021





Our Work

Nourish California helps shape the policies and programs that should connect—but sometimes stand between—people and the food they need to thrive.





In early August, more than 1 in 5 California adults living with children experienced household food insecurity.

SOURCE

www.ipr.northwestern.edu/state-food-insecurity





Addressing food insecurity with health care

Two key features of the CalAIM Initiative launching in January, 2022:

- **In Lieu of Services:** Cost-effective alternatives to covered Medi-Cal services, including medically tailored meals and medically supportive foods.
- **Enhanced Care Management:** An approach to care that addresses clinical and non-clinical needs of high-cost and/or high-need Medi-Cal members.

Learn more: www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices





A new resource to support health information sharing

The **SHIG 2.0** provides general guidance and real-life scenarios to clarify federal and state laws related to sharing of health and social services information for the purpose of coordinating care to improve health outcomes.

Today, you will hear from CalOHII how to use the new guidance and from health and social service partners who are actively sharing information to address food insecurity.



A large, light blue, hand-drawn style star is centered in the background of the slide.

Thank You!

SUBSCRIBE TO UPDATES AT: WWW.NOURISHCA.ORG

CONTACT ME AT:

MELISSA@NOURISHCA.ORG





STATE HEALTH INFORMATION GUIDANCE

Jennifer M. M. Schwartz
Chief Counsel



Thank you to our Funders and Partners!





What is the SHIG?

State Health Information Guidance





How Was the SHIG Created?

A Collaborative Product

Solicitation

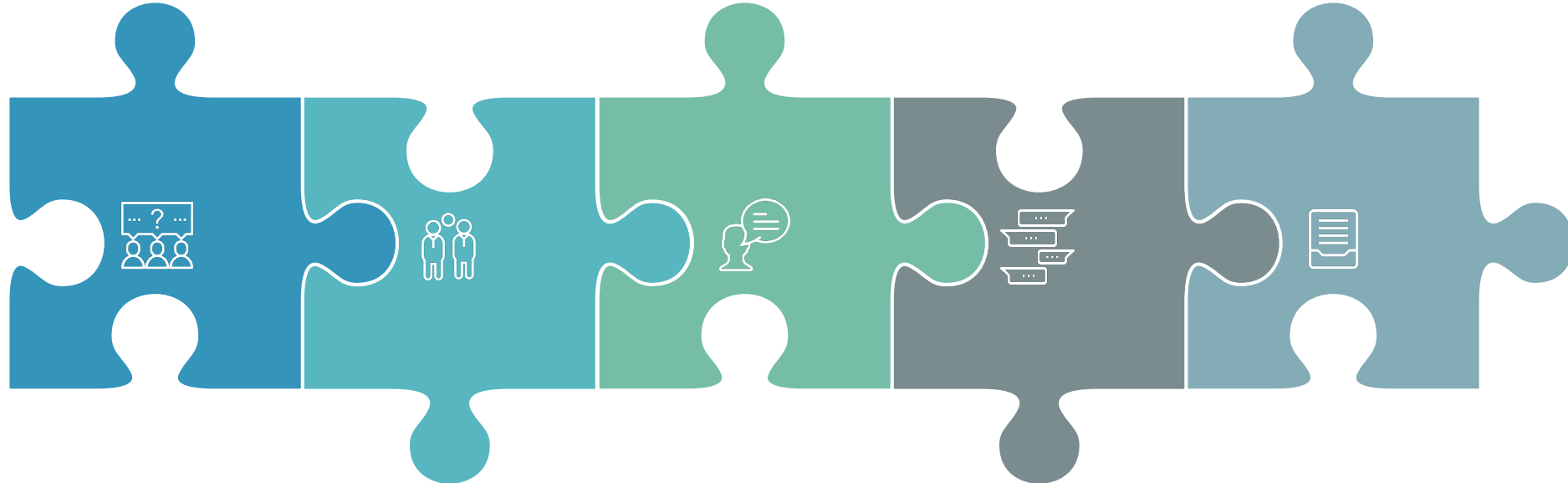
Stakeholders solicited about existing obstacles

Research

User stories generated by Advisory Group reflect cross-industry insights and experience

Clarification

Clarification built around scenario-based illustrations along with general guidance



Advisement

Advisory Group formed to provide broad community input

Consultation

Patient and privacy advocacy organizations and state oversight entities (CDPH, CDSS, CDA) consulted



Why CalOHII?

Authority and Expertise



Authority

California Office of Health Information Integrity has statutory authority to interpret and clarify state law

Experience

Created similar guidance for California State departments

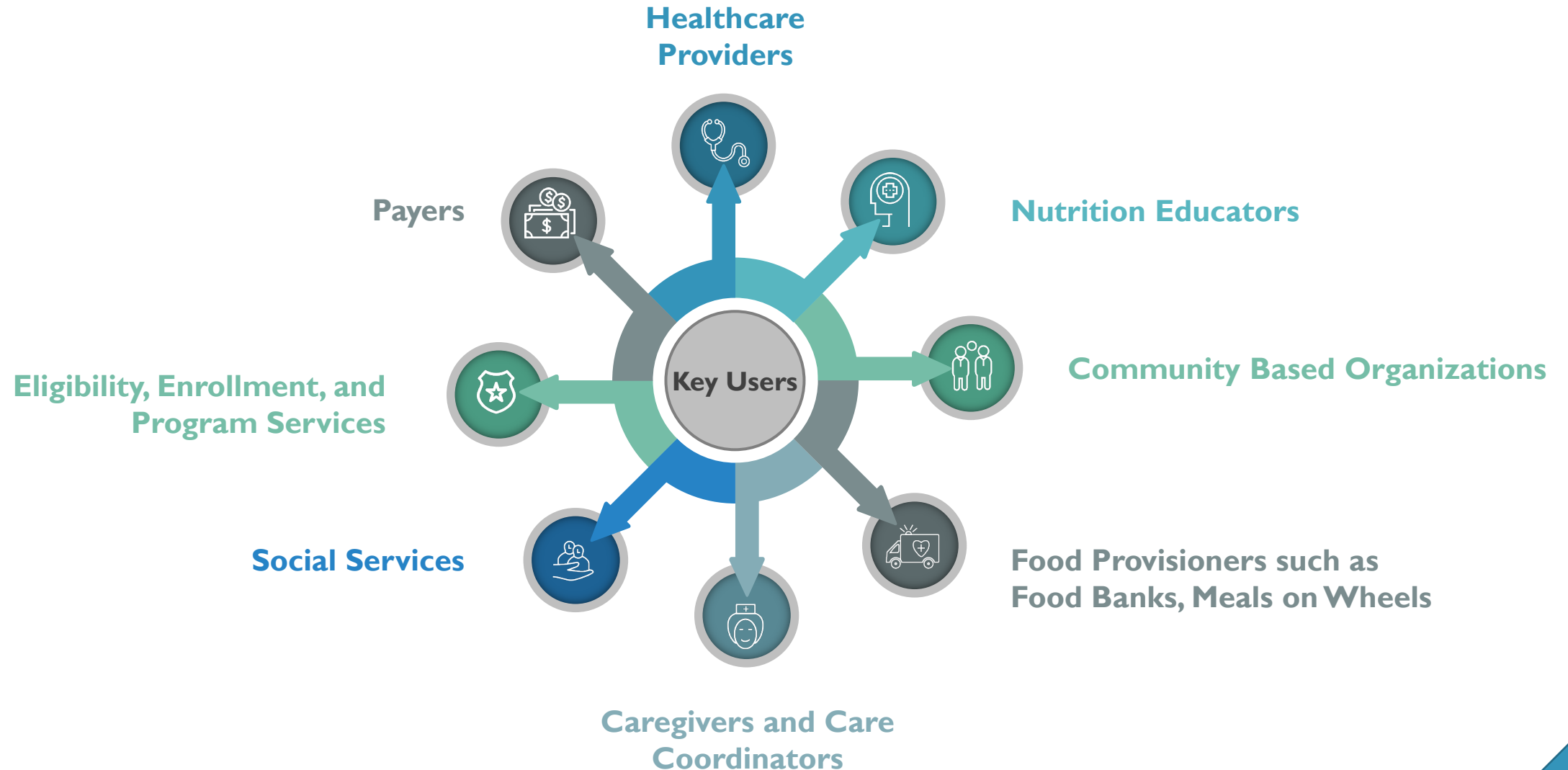
Relationships

Strong working relationships with stakeholders across healthcare industry



Who Can Use the SHIG?

Broad in Scope





STATE HEALTH INFORMATION GUIDANCE 2.0

SHARING HEALTH INFORMATION TO ADDRESS FOOD
AND NUTRITION INSECURITY IN CALIFORNIA

April 2021



What's in it?

General Guidance

Guidance for Specific
Scenarios

Other Resources



How It Works

Authoritative Scenario-Based Guidance



**SIMPLE, STRAIGHT-FORWARD,
& ILLUSTRATED**



REAL-WORLD SCENARIOS



**RELEVANT TO A WIDE RANGE
OF PROVIDER SECTORS**



**PLAIN LANGUAGE FOR A LAY
AUDIENCE**



**ALL GUIDANCE TIED TO
RELEVANT STATUTES,
REGULATIONS AND LAWS**





General Guidance

Food and
Nutrition
Insecurity
Overview

Generally
Applicable
Guidance

Summary of
Privacy Laws

Who is
Considered a
Business Associate
under HIPAA?

Guidance Example

Who is Considered a Business Associate under HIPAA?

A business associate is a person or entity, not part of the workforce of a HIPAA covered entity, who performs certain functions or activities on behalf of, or provides certain services to, a HIPAA covered entity or another business associate. A business associate needs access to health information to perform the function or service.

The key thing to note is a business associate is a person or entity that:

- Is performing a service or activity on behalf of the HIPAA covered entity or another business associate;
- AND
- Needs health information from the HIPAA covered entity in order to perform that function or service.

Therefore, access to health information is not enough – a business associate must have a business relationship with the HIPAA covered entity.

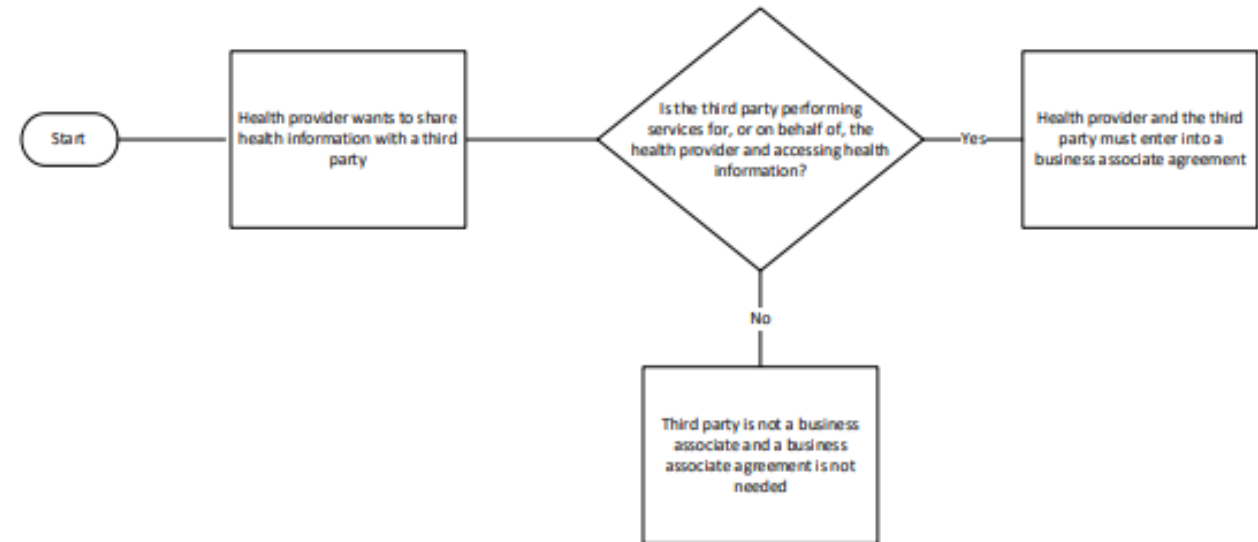


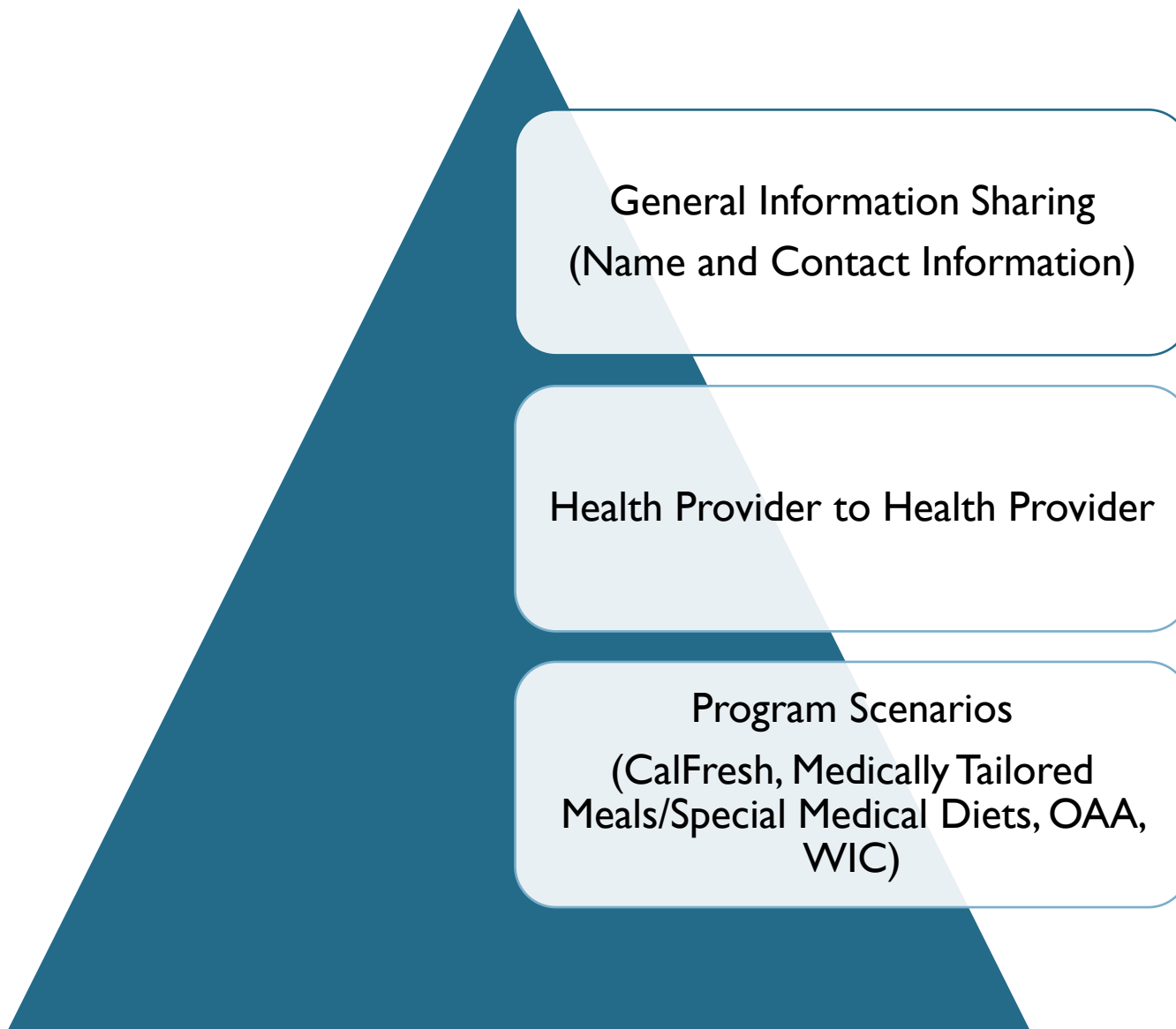
Table of Terms

Term	Definition	Role	Examples of Participants/Setting
Health Providers	An array of clinicians, licensed health organizations, and entities (including healthcare settings) legally defined by the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CMIA).	<ul style="list-style-type: none"> Conduct food and nutrition insecurity screening Initiate referral for nutrition programs Assist with finding appropriate services 	<ul style="list-style-type: none"> Clinicians Licensed healthcare clinics/facilities Registered Dietitian Nutritionists Clinical Social Workers Nurse Case Manager Hospitals Community health organizations Health clinics Accountable Care Organizations Long-term and post-acute care Medical homes <p>Refer to Appendix 4 – Provider Definitions for a full list of professionals defined by HIPAA and CMIA as health providers.</p>
Nutrition Educators (not health providers)	Non-clinical staff supporting the education of patients/people to make healthy food choices - from education to coaching.	<ul style="list-style-type: none"> Educate about general food and nutrition guidance Counsel/coach regarding ongoing nutritional needs 	<ul style="list-style-type: none"> Nutrition educators Degreed nutritionists Health coaches – such as promotores Health educators Lactation specialists Breast feeding specialists Comprehensive Perinatal Health Worker Patient community education specialists Outreach workers

Term	Definition	Role	Examples of Participants/Setting
Eligibility, Enrollment, and Program Services	An array of community, county, state, and federal organizations that help a person find appropriate food and nutrition services, apply for nutrition programs, determine eligibility, and enroll people into programs.	<ul style="list-style-type: none"> Assist with application process Evaluate and determine nutrition program eligibility Enroll into nutrition program Assist with nutrition program enrollment Confirm eligibility 	<ul style="list-style-type: none"> Federal nutrition programs – such as Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Older Americans Act Nutrition Program, and CalFresh WIC Local Agencies Community-based organizations County social services departments administering CalFresh Care Coordinators (non-clinician) Social Workers Case manager Navigators Community health workers – such as promotores
Food Provisioners	Local organizations preparing, distributing, and delivering food products.	<ul style="list-style-type: none"> Prepare food Distribute food Deliver food 	<ul style="list-style-type: none"> Food banks Food pantries Farms Older Americans Act nutrition services provider Home-delivered meals programs – such as Meals on Wheels Food Distribution Program on Indian Reservations Medically tailored meals programs – such as California Food as Medicine Coalition member agencies Medically supportive food programs Congregate meal programs Food pharmacies Food hubs



Guidance for Specific Scenarios



General Information Sharing
(Name and Contact Information)

Health Provider to Health Provider

Program Scenarios
(CalFresh, Medically Tailored
Meals/Special Medical Diets, OAA,
WIC)



How to Read: Scenario Description



Scenario 1 – Health Provider to Food Provisioner

Scenario Title

Description

The [health provider](#) determines a patient is food or nutrition insecure or at risk for [food and nutrition insecurity](#) and wants to share a patient’s [general information](#) with the local [food provisioner](#) to assist the patient in accessing a nutrition program for coordination of care.

What general information can a health provider share with a food provisioner for coordination of care?

Hyperlinks to definitions or other sections of the document

Important Scenario Guidance Assumptions:

- There is only name and contact information being shared by the health provider
- Information being shared is not covered by the Lanterman-Petris-Short and is not [Substance Use Disorder](#) treatment information
- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no patient or [patient’s representative authorization](#)

An overview of what the information being shared by who to whom

The specific question to be answered by this scenario

A list of all assumptions being made for this scenario



Scenario Description: Breakdown

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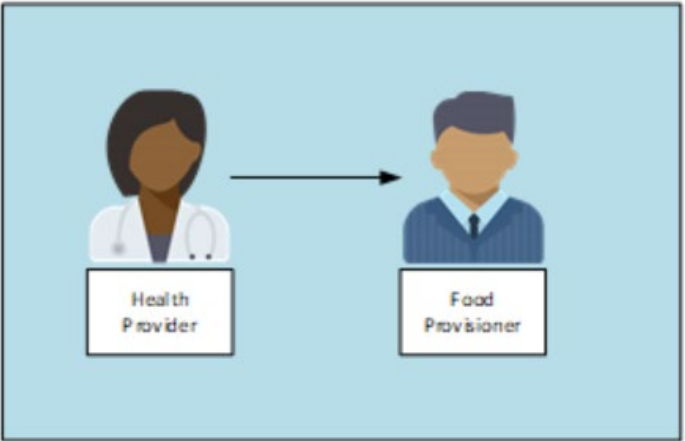
What is General Information?

Term	Definition
General Information	<p>Refers to information about a person that is limited to the name and contact information of the person. Examples of contact information include but are not limited to:</p> <ul style="list-style-type: none">• Phone number• Address• Email address <p>This information does not include demographic or health related information originating from a health provider.</p> <p><i>[source: <u>California Office of Health Information Integrity</u>.]</i></p>



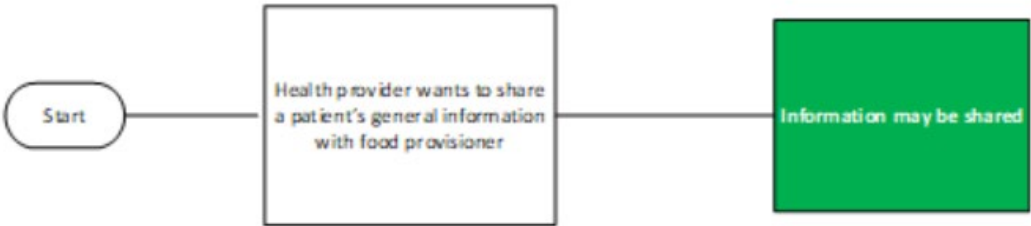
How to Read: Scenario Graphic

Graphic – Health Provider to Food Provisioner



Who are the “players” in this scenario – arrow indicates the flow of information

The graphic guides the reader through the various considerations regarding information sharing

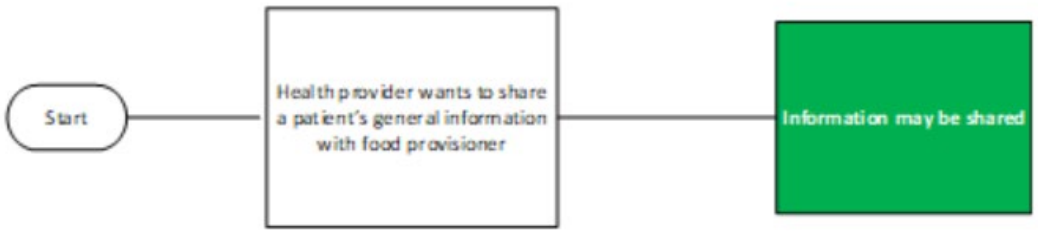
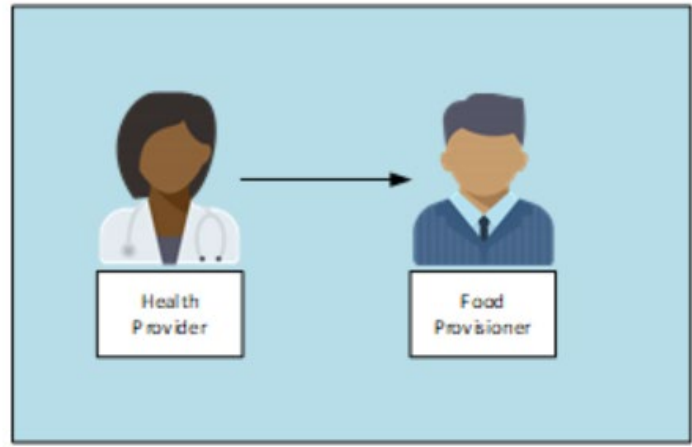




Scenario Graphic: Breakdown



Graphic – Health Provider to Food Provisioner





How to Read: Scenario Guidance

Scenario Guidance – Health Provider to Food Provisioner

Health providers must protect all information collected from a patient regarding a patient's medical history, mental or physical condition, [treatment](#), or payment.

Because of the difference in how the Health Insurance Portability and Accountability Act (HIPAA) and the California Medical Information Act (CMIA) define health information, contact information alone (such as name and address) is not protected by CMIA but may be protected by HIPAA. HIPAA allows disclosure to a third party who is not a health provider for continuity of care and treatment purposes. As such, health providers are generally permitted to [disclose](#) general information with food [provisioner](#) to coordinate patient care to address food and nutrition insecurity.

[45 C.F.R. §§ 160.103, 164.506; Eisenhower Medical Center v. Superior Court (2014) 226 Cal.App.4th 430, 436-437; HHS Guidance – “Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental health with a third party that is not a health care provider for continuity of care purposes?” (Published January 3, 2018).]

Caution! Health providers should be careful not to inadvertently disclose a patient's [health information](#), including that a patient is food or nutrition insecure. When general information (such as contact information) is combined with any health information (specifically related to the patient's medical history, mental or physical condition, payment history, or treatment), it is

Citations and Related Guidance

- 45 C.F.R. § 160.103.
- 45 C.F.R. § 164.506.
- 45 C.F.R. § 164.508(a)(1).
- Cal. Civ. Code § 56.05.
- Cal. Civ. Code § 56.05(m).
- Cal. Civ. Code § 56.10(a).
- *Eisenhower Medical Center v. Superior Court* (2014) 226 Cal.App.4th 430, 436-437 (in addition, refer to footnote 4).

Narrative guidance supporting the graphic – providing specific details about information sharing

Specific citations supporting the guidance

Warnings or “Cautions!” to highlight complex issues

Summary of the citations in this scenario



Scenario Guidance: Breakdown

Scenario Guidance – Health Provider to Food Provisioner

Health providers must protect all information collected from a patient regarding a patient's medical history, mental or physical condition, [treatment](#), or payment.

Because of the difference in how the Health Insurance Portability and Accountability Act (HIPAA) and the California Medical Information Act (CMIA) define health information, contact information alone (such as name and address) is not protected by CMIA but may be protected by HIPAA. HIPAA allows disclosure to a third party who is not a health provider for continuity of care and treatment purposes. As such, health providers are generally permitted to [disclose](#) general information with food provisioner to coordinate patient care to address food and nutrition insecurity.

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Scenario Guidance: Breakdown

Caution! Health providers should be careful not to inadvertently disclose a patient's [health information](#), including that a patient is food or nutrition insecure. When general information (such as contact information) is combined with any health information (specifically related to the patient's medical history, mental or physical condition, payment history, or treatment), it is now covered by CMIA.

[Cal. Civ. Code §§ 56.05, 56.10(a).]

Specialty care health providers (such as an oncologist, AIDS clinic) must consider if their specialty in combination with the patient's general information could be considered health information under CMIA and therefore should only be disclosed with a patient or patient's representative [authorization](#). This is because the sharing of information from a specialty provider indirectly discloses information about the patient's medical condition.

[45 C.F.R. §§ 160.103, 164.508(a)(1); Cal. Civ. Code §§ 56.05, 56.10(a); Eisenhower Medical Center v. Superior Court (2014) 226 Cal.App.4th 430, 436-437 (in addition, refer to footnote 4).]

If the health provider is disclosing information specific to the patient's food needs based on a health condition, such as a heart healthy diet or low-sugar foods – this is no longer general information, it is now health information (protected by both HIPAA and CMIA) and should only be disclosed with a valid patient or patient's representative authorization. While HIPAA allows health information to be shared for treatment with a third party who is not a health provider, CMIA does not.

[45 C.F.R. § 164.506; Cal. Civ. Code §§ 56.05(m), 56.10(a); HHS Guidance – “Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental health with a third party that is not a health care provider for continuity of care purposes?” (Published January 3, 2018).]



Scenario Guidance: Breakdown

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- Cal. Civ. Code § 56.05.
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- *Eisenhower Medical Center v. Superior Court* (2014) 226 Cal.App.4th 430, 436-437 (in addition, refer to footnote 4).
- [HHS Guidance, “Does HIPAA permit health care providers to share protected health information \(PHI\) about an individual with mental illness with a third party that is not a health care provider for continuity of care purposes?”](#) (Published January 3, 2018).
- [Appendix 2 - Signed Release Form Requirements.](#)



Other Resources



Signed Release Form Requirements



Personally Identifiable Information (PII) versus Protected Health Information (PHI)



Provider Definitions (who is considered a health provider under HIPAA and CMIA?)



Summary of Privacy Laws



Definitions



Additional Resources



PII Versus PHI

Types of Information:

Personally Identifiable Information (PII) refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual.

Protected Health Information (PHI) is individually identifiable health information related to a patient's medical history, mental or physical condition, treatment, or payment.

The following table provides a sample of data elements most likely associated with the information sharing for stakeholders of the [food and nutrition insecurity](#) process.

Data Element	PII	PHI
Name	✓	
Address	✓	
Phone number	✓	
Email address	✓	
Past, present, future health conditions	✓	✓
Medi-Cal enrollment status	✓	✓
Medicare enrollment status	✓	✓
Food and nutrition insecurity screening information	✓	✓
WIC Referral form information – such as breastfeeding status, height/weight, etc.	✓	✓
Medical Record Number		
Medicare Number	✓	✓
Medi-Cal Number		

Summary of Privacy Laws

Federal

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA describes privacy, [security](#), patient rights, and healthcare transactions requirements for healthcare entities. HIPAA sets restrictions on access, use, and [disclosure](#).

Item	Information
Citation(s)	45 C.F.R. Parts 160 and 164
Who is Covered?	Covered Entities : 1) health plans ; 2) healthcare clearinghouses; and 3) health providers that conduct certain healthcare transactions electronically. Business Associates of a HIPAA covered entity.
What information is covered?	Protected Health Information (PHI)*: all "individually identifiable health information " held or transmitted by a HIPAA covered entity or its business associate, in any form or media, whether electronic, paper, or oral. *Exempts educational records covered by Family Educational Rights and Privacy Act (FERPA) .
Patient breach notification requirement?	YES
Patient access requirement?	YES
Patient amend/correct requirement?	YES
Limitations on disclosure?	YES
Respond to a subpoena?	YES
Private right of action?	NO
Liability for violation	Fines levied by federal oversight (U.S. Health and Human Services, Office of Civil Rights)

Confidentiality of Medical Information Act (CMIA)

The CMIA sets restrictions on access, use, and disclosure.

Item	Information
Citation(s)	Cal. Civ. Code § 56 et seq.
Who is Covered?	Health providers, health plans, and their contractors.
Item	Information
What information is covered?	Medical information ³
Patient breach notification requirement?	Refer to Health Facilities and Data Breach
Patient access requirement?	YES
Patient amend/correct requirement?	NO
Limitations on disclosure?	YES
Respond to a subpoena?	YES
Private right of action?	YES
Liability for violation	Entity liability



A Great Beginning



The SHIG is a first step.



Ongoing dialogue will continue to improve appropriate sharing of health information.



The SHIG is for YOU!

Where you can find the SHIG: <https://www.chhs.ca.gov/ohii/shig/>

Questions or Comments: email shiginformation@ohi.ca.gov



Improving Health Outcomes with Medically Tailored Meals



Goals for Meal Pilots



- Improve health and quality of life for patients
- Develop workflows to support referrals between community health centers and CBOs
- Demonstrate value of medically tailored meals for specific target populations
- Build capacity to leverage CalAIM ILOS benefit for sustainable solutions



Pilots & Populations

- **Medicaid Members with Congestive Heart Failure**
 - DHCS pilot in 7 counties, ends 12/2021
 - 21 meals/week for 12 weeks + RDN visits
 - Reduce ED visits and hospitalizations
- **Patients with Uncontrolled Hypertension and/or Diabetes**
 - 200+ patients plus family members (Santa Rosa Community Health)
 - 7 meals/week for 12 weeks + CHW support
 - Improve control
- **Perinatal Pilot**
 - 60 pregnant and new moms (SRCH + West County Health Centers)
 - 4 weeks of meals, then weekly produce until birth, 4 week of meals post-partum
 - Improve birth weight and reduce pre-term labor



Population Explorer

New Query

Save ▾

Load ▾

...

≡ Population: Patients with Congestive Heart Failure

AND

OR



AND

≡ Population: Patients with a Recent ED Visit or Inpatient Admit

AND

OR



+()

AND

≡ Primary insurance group ▾
PARTNERSHIP MANAGED CARE

AND

OR



+()

+()



**CHF Medically Tailored
Meals Referral**
HIPAA Compliant Fax:
707-387-0898
Questions: 707-861-0602

VERSION 2/23/2019

Consent to Release Information

I authorize my medical providers and referring party to release information about my medical condition to Ceres Community Project and/or Food For Thought as a necessary part of medical treatment and prevention of complications

Patient Name: _____ Date of Birth: ____/____/____ Phone: _____

MediCal Subscriber #: _____ Issue Date: _____ active for at least 12 months: Y ☒ N ☐

Secondary Contact: Name: _____ Phone: _____

Patient has seen primary doctor or specialist in last 12 months? Y ☒ N ☐ Primary doctor: _____

Patient Address: _____ City: Santa Rosa State: CA Zip: 9540

Patient: has stable housing ☒ is able to refrigerate and freeze food: ☒ is able to reheat food: ☒

Patient Signature: _____ Date: _____

Healthcare Provider *only* below this line

PHYSICAL DATA:

How many times has patient been in a hospital/ER/SNIF in last 12 months? _____

Height: ____ ft. ____ in. Weight: _____ lbs BP: ____/____

Therapeutic Diet Order (if known): _____

Primary Condition: CHF (See qualifying ICD-10 codes in back) 150.9

Co-morbidities: Cancer: ☐ Renal Disease: ☐

Diabetes: ☐ COPD: ☐

Other: _____

Please attach DC Summary or list labs and medications:

_____	_____
_____	_____

Signature of Referrer

Printed Name of Referrer

Office Stamp

Santa Rosa Community Health

(707) 303-3600

Clinic/Hospital Name

Phone

Date

Referral (Outgoing) TEST, Alejandro - Dec 10, 1953(67 yo M) - Acc No. 223544

Patient: Test, Alejandro (223544) [Sel] [Info] [Hub]

Insurance: PARTNERSHIP HEALTH PLAN [Sel] [Pt Ins] POS 11

Ref From: Krumland, Stephen [...]

Ref To: Provider: Nutrition,CHF Medically Tailored [..] [Pref] [Clear]

Specialty: Nutrition [v] [Send to eHX]

Facility From: VISTA A [...]

Facility To: [Clear]

Auth Code: [Clear]

Auth Type: [...]

Start Date: 08/25/2021 [v]

Referral Date: 08/25/2021 [v]

End Date: 08/25/2022 [v]

Open Cases: [v] [N]

Assigned To: Referrals, Admin [v]

Appt Date: 08/25/2021 [v]

Unit Type: V (VISIT) [v]

Received Date: 08/25/2021 [v]

Status: ☒ Open ☐ Consult Pending ☐ Addressed

Priority: Routine [v]

Diagnosis / Reason [Visit Details] [Notes] [Structured Data]

Reason [Add] [Browse] [Remove]

Sl. No	Description
--------	-------------

Diagnosis [Previous Dx] [Add] [Remove]

Code	Name
------	------

Procedures [Add E&M] [Add] [Remove]

Code	Name
------	------

[Scan] [Attachments(1)] [Logs] [OK] [Cancel] [Send Referral]

Referring Physician Lookup TEST, Alejandro - Dec 10, 1953(67 yo M) - Acc No. 223544

All Providers [Preferred Providers By Facility]

All Providers [v] nutrition [v] [Accept Pa]

search Name search City [All v] search Zip search A

Name	Address	Specialty	Contact Details
<input type="radio"/> Nutrition,As You Are	1443 Main Street Suite 130 ...	Nutrition	☎ 707-200-1178 ☎ 8478698
<input type="radio"/> Nutrition,Center for Well-Being	101 Brookwood Ave Ste A San...	Nutrition	☎ (707)575-6043 ☎ 5751060
<input type="radio"/> Nutrition,Ceres Healing Meals Program		Nutrition	☎ 707-829-5833 ☎ 3243828
<input type="radio"/> Nutrition,CHF Medically Tailored Meals	Santa Rosa CA 95407	Nutrition	☎ (707)861-0602 ☎ 7073870898
<input type="radio"/> Nutrition,Healthy Steps	2455 Bennett Valley Rd Ste ...	Nutrition	☎ (707)546-7900 ☎ 5467999
<input type="radio"/> Nutrition,Oakland Fatty liver and Weight Assessment Clinic	744 52nd St Fith Floor Oak...	Nutrition	☎ 877-822-4453 ☎ 15109852202

Answered by

Dadko, Beth

Date*

8 / 25 / 2021

Time*

8:21 AM

☐ High Priority

Patient

Sel

Info

Hub

Test, Alejandro
DOB:12/10/1953 Age:67Y Sex:M
Tel:707-974-5334
Acct No:223544, WebEnabled: Yes
Elgb Status:
Preferred Name:

Provider*

Krumland, Stephen P

Pharmacy*

CVS pharmacy #9946 (P)

463 Stony Point Rd
Santa Rosa, CA 95401
Tel:707-526-7523 Fax:707-526-3756

Facility*

SANTA ROSA COMMUNITY HEALTH

AssignedTo*

Krumland, Stephen P

Status

☒ Open☐ Addressed☐ Addressed
and Docs
Reviewed

Caller

Reason

Referral to Ceres CHF Medically Tai

☒ Perform Eligibility Check

Message

Rx

Labs/DI

Notes

Addendum

Log History

Virtual Visit

Message

Complaints

Browse

Check Spelling

Hi Dr. Krumland, I believe this patient is eligible for the Medically Tailored Meal Program for Patients with CHF. If the patient qualifies and is interested, please complete the attached referral form, sign and get patient signature. Then, create a referral in eCW. Specialty is nutrition. Select "Nutrition, CHF Medically Tailored Meals" from drop-down menu. Reason: CHF Medically Tailored Meals Nutrition. Add CHF diagnosis. Attach most recent progress note pertaining to CHF diagnosis. Provider assigns referral in eCW to MA buddy.

Action Taken

Messenger

Reply to patient

Time Stamp

Action Taken

Check Spelling

Dadko,Beth 08/25/2021 08:24:17 AM > Sent to provider with referral form attached.

Print Script

Send Rx

Print Report

Progress Notes

Document

OK

Cancel

Overview

DRTLA

History

CDSS

Order

TEST, Alejandro DOB: 12/1... as of 08/25/2021

Right Panel data last modified on: 08/17/20

! Problem List SNOMED

Global Alerts

Advance Directive

POLST POLST completed and signed:
FULL CODE

FORMS- GIVE Forms given to patient

Problem List

All

+ R06.00 Dyspnea

Z34.90 Encntr for suprvsn of
normal pregnancy, unsp,
unsp trimester

+ R91.8 Lung mass

Z15.89 Biallelic mutation of
OPLAH gene

J45.901 Asthma exacerbation

I10 HTN (hypertension) with
goal to be determined

E11.9 DMII (diabetes mellitus,
type 2)

Document Details		Progress Notes	
Name	6_21_21_Name_Ceres_Medically Tailored Meals Referral_Form Browse	Options	
	Browse Time Stamp	<input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> Reviewed Doc and Lab <input type="checkbox"/> High Priority <input type="checkbox"/> Publish to eHX Assigned To Dadko,Beth ... Facility ... Attach To Patient	
Description	Dadko,Beth 08/25/2021 08:26:29 AM > Filled out for patient on [Date]. Sent provider a TE with document attached to complete and create a referral in eCW.		
Tag	Browse		
Scanned By	Dadko,Beth ...	Scanned Date	8 /25/2021
Expiry Date	8 /25/2021	Service Date	8 /25/2021
Report Type Code	...		
Attached To	06/30/2021: Patient Chart ...		
<input type="checkbox"/> Make this the document name		View Fax	

[Save](#) [Cloud](#) [Print](#) [Email](#) [Up](#) [Down](#) 1 / 2 72.1% [Full Screen](#)

This file includes fillable form fields.
 You can print the completed form and save it to your device or Acrobat.com.
 [Highlight Existing Fields](#)

CHF Medically Tailored Meals Referral

HIPAA Compliant Fax:
707-387-0898

Questions: 707-861-0602

VERSION 2/23/2019

Patient Documents - TEST, Alejandro - Dec 10, 1953(67 yo M) - Acc

Patient
[Sel](#) [Info](#) [Refresh](#) [Search](#)

- Patient(Test, Alejandro)
 - EOB Documents
 - PortalBox
 - Dermatology Drawing
 - Patient Documents
 - 2019-02-27 ,Ins Card Private
 - 2018-09-18 ,Registration
 - 2018-08-23 Registration
 - OpenDental
 - Past Dental x-rays
 - treatment_20200124074420_72454097245409.PDF
 - treatment_20180916130720_61748566174856.PDF
 - progressnotes_20180916_61748566174856.PDF
 - treatment_20180508130654_59006555900655.PDF
 - treatment_20180508130648_59006555900655.PDF
 - Billing Docs
 - Chart Documents
 - 6_21_21_Name_Ceres_Medically Tailored Meals Referral_Form



Medical Referral Form

Ceres provides up to 24 weeks of beautiful, delicious and nourishing medically tailored organic meals to people who are medically fragile, living with acute or chronic illnesses, and lack family support to prepare meals that meet their nutritional requirements. Meals can be provided to everyone in the family.

More information can be found at www.CeresProject.org/BecomingClient.html

To Request Service

1. The referring provider meets with the potential client to discuss the program. If the patient is interested, the referrer completes this referral form and sends it to Ceres Community Project via email clientcareteam@ceresproject.org or via fax at 707-324-3828.
2. The Client Team reviews the patient information and contacts the referrer with any questions, then contacts the patient to initiate setting up service.
3. A volunteer Delivery Angel will deliver the meals to the patient's home once or twice each week.

Referral Information

PATIENT NAME (PRINT) _____ DATE (mm/dd/yy) _____

PATIENT PHONE (123-456-7890) _____ SECONDARY CONTACT PHONE (xxx-xxx-xxxx) _____ PATIENT EMAIL _____

Information About Diagnosis/Condition

<i>Please mark or write out any medical terms.</i>	<i>Primary</i>	<i>Other</i>
CANCER	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>
HEART DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
CHF	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>

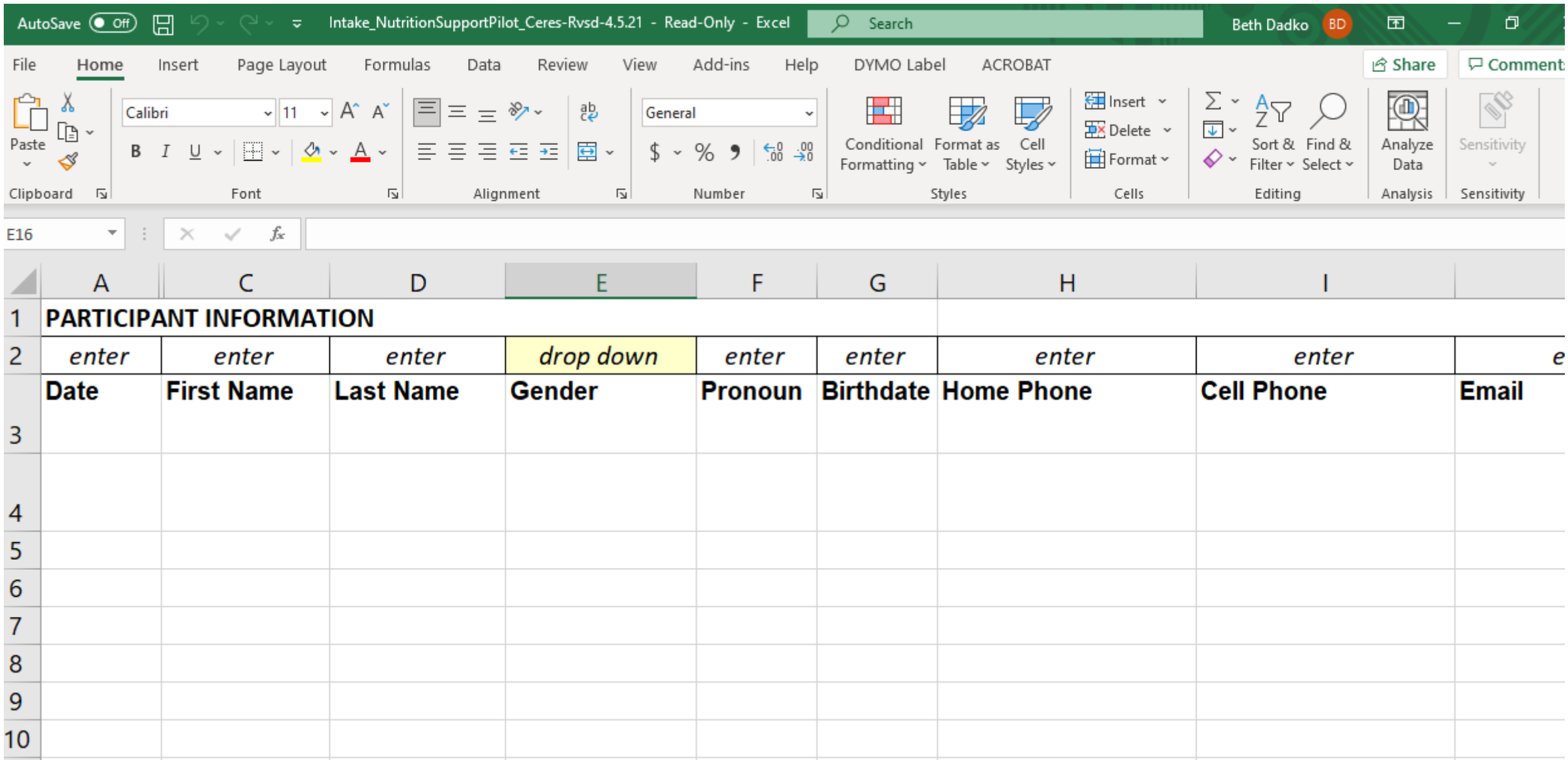
OTHER. Please explain any other health issues. Please write in Hypertension if applicable.

Referrer Santa Rosa Community Health

NAME _____

PHONE (123-456-7890) _____ EMAIL _____

MEDICAL# (if applicable) _____






Challenges & Lessons Learned

Ceres Community Project

- Managing the flow of referrals – being clear about how many you can take per week
- Funding – who pays for the services
- Lead for each agency – who to contact with questions or missing information
- Weekly check in meetings to start – what's working and what needs to be adjusted

Santa Rosa Community Health

- Build a system to identify patients- don't trust lists from partner organizations
- Make the referral process as easy as possible for Providers
 - Prefill out forms
 - Align the process with already familiar processes
 - Provide instructions in messages
- Build on momentum



Food as Medicine – Universal Food Insecurity Screenings & Referrals in Contra Costa County

August 31, 2021

LaLisha Norton
Food Bank of Contra Costa



Food as Medicine program GOALS

1. **Improve Food Security & Access to Healthy foods**
2. **Improve Nutrition Education**
3. **Improve Health Outcomes of chronic diseases**

WHO is the Food as Medicine Collaborative in Contra Costa (started Jan 2017)

Public Health

Health Centers & Clinics

Nursing

PRIME (Diabetes)

Group Medical Visits

CCHP

Reducing Health Disparities

Health Leads

PLUS..... Community Partners!



WHY Universal Food insecurity Screening & Referrals?

- **High rates** of food insecurity in CCH patients
- **Food insecurity linked to poor health**
- **BIPOC communities** disproportionately affected

Patients in our community health center **MORE FOOD INSECURE**, and worse with pandemic!

- National USDA data = 12% are food insecure
- Contra Costa county = 12% overall are food insecure
- **OUR patients:**
 - October 2016 Survey of Concord Health Center patients = **over 40%**
 - West County Health Center = **over 60%** named food as #1 needed resource

Food insecurity linked to Poor Health

- **Food insecurity linked to unstable eating patterns** →
 - Consumption of higher Calorie, Low nutrient choices
 - Binge-eating
 - Overeating when food is available



Leads to Poor Health Outcomes

- **Obesity**
- **Diabetes**
- **Hypertension (20% more reported)**
- **Hyperlipidemia (30% more reported)**



Holben, 2010; Lee et al., 2012; Olson, 2005

Food Insecurity linked to Poor Health

More illness



- Children with FI are **152% more likely to be in fair or poor health** from childhood to adulthood
- **Higher rates of poorly controlled DM needing insulin, and this persisted even after 2 year** (study at multi-center FQHC)
- Related to **increased ER visits**

Addressing Patient's Social Needs An Emerging Business Case for Provider Investment, Commonwealth Fund 2014;
Shalowitz et al. Food security is related to adult type 2 diabetes control over time in a United States safety net primary care clinic population. Nutrition & Diabetes 2017.



Food insecurity is a Health Disparities Issue

- Ethnic minority **groups (Latino, African-American, and Pacific Islanders)**, immigrant groups, disabled groups, and low-income groups are disproportionately affected.
- From 2014 USDA data, **22% of the US Hispanic population** was food insecure, much higher than the national average of 14%.
- Data from **San Diego FQHC predominantly Latino patients**, found food insecurity rates **above 70%**.

-Rabbitt M, et al. "Food Security and Hispanic Households," July 5, 2016.
-Smith S, et al. "Implementation of a food security screening and referral program in student run free clinic in San Diego," 2017.
-<http://calag.ucanr.edu>



Solutions to improve food security for our patients

#1 **SCREEN** Patients for Food security at clinics, and refer if positive

#2 **REFER** Patient that consent to contact from the Food Bank

- **For CALFRESH** enrollment
- **Only 70% eligible for CALFRESH in California are enrolled**
- Give Community **FOOD RESOURCES**

3 **FREE PRODUCE** pick ups at clinics



#1 Food Security Screening

- **Who:** All Clinic patients & Hospital admissions

- **HOW:** Nursing asks **2 QUESTION HUNGER VITAL SIGN on Intakes**. Questions embedded in EPIC under SDOH (Social Determinants of Health) Tab

#2 Food Security Referral to Food Bank

- If Patient screens positive, then 3rd question is triggered, asked patient if they want to be contacted by the Food Bank for help
- Food Bank receives **encrypted email weekly** from our IT team (automated)
- Food Bank contacts** patients and offers CALFRESH/Food Resources



#3 Free Produce at Clinics

1. Community Produce Program

- FREE Fruits and Vegetables, No ID required
- Pittsburg (PHC), West County (WCHC), Martinez (MHC)



2. Mobile Farmer's Market

- Currently at WCHC
- Accepts CalFresh & Market Match
- Plans for expansion to Brentwood (BHC), Antioch (AHC), BayPoint (BPHC), Pittsburg (PHC) and North Richmond



FREE FRESH PRODUCE

For Low-Income Patients & Residents

West County Health Center
2nd & 4th Saturdays
2 p.m. – 3 p.m.
(Starting May 13)

CCRMC
May 31, June 29-30,
August 30-31
12 p.m. – 1:30 p.m.

Pittsburg Health Center WIC
1st & 3rd Thursdays
1:30 p.m. – 3 p.m.

- Bring 1-2 bags with handles
- One person per family
- No ID needed

For more info, visit foodbankccs.org



Impact: Opening day 5/13 at WCHC, 200 people attended the produce drop off, and 6 families pre-screened for CalFresh!

LOCAL CALIFORNIA FARMERS • LOW PRICES • FRESH FRUIT • HEIRLOOM VEGGIES • UP TO \$20 FREE PER DAY FOR CALFRESH/EBT SHOPPERS • MORE!



MOBILE FARMERS' MARKET

EVERY MONDAY IN SAN PABLO

STARTING MAY 1ST

8:30am - 10:00am

10:15am - 12:15pm

1:00pm - 2:00pm

2:15pm - 3:15pm

Wanlass Park • 21st and Rivers

Contra Costa College • 2600 Mission Bell Dr, next to the Student Administration Building

San Pablo City Hall • 13831 San Pablo Ave

West County Health Center • 13601 San Pablo Ave



A PROGRAM OF

Fresh Approach

WE ACCEPT EBT!



FRESHAPPROACH.ORG

f FRESHESTCARGO

@FRESHESTCARGO

@FRESHESTCARGO





THANK YOU!

QUESTIONS?



Questions are the path to learning