

# How Cincinnati Children's Improved Quality of Care for Patients in Foster Care





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# Foster Care and Healthcare: Two Fractured Systems

On any given day, there are nearly half a million children in foster care in the United States.

When considering the fluctuation of those entering and leaving the system, the total number of children in foster care is closer to 750,000 per year.<sup>12</sup>

Research from the past three decades has shown overwhelming evidence that

**up to 80% of children in foster care have chronic medical conditions, developmental delay, emotional, behavioral, or mental health problems.**<sup>34</sup>

Due to these poor health conditions, children within the foster care system require more healthcare resources than the general pediatric patient population.

Even with allocated resources in place to address these healthcare needs, such as dedicated clinics and mandated visits, when children enter foster care or experience a placement change, poor information exchange between healthcare and child welfare is a widely recognized barrier that prevents those efforts from succeeding.

## How the Information Gap Affects Children

The gap in information can lead to negative, and sometimes devastating outcomes for children in foster care, such as:



**poor chronic disease management**



**missed surgeries**



**Missed preventative care**

In many cases, clinicians do not even have the information they need to know that their patient is in foster care or who to contact when consent from a legal custodian is necessary for treatment.

## FOR EXAMPLE,

consider a situation where a hospitalized child was ready for discharge and his biological mother signed the necessary paperwork and took him home. Later, hospital staff who were unaware of the family's child welfare involvement discovered the child was in foster care and should not have left the hospital with his biological mother. While child protective services spent time looking for the mother and her child, the child could be neglected or abused.

\*Stories in this piece are hypothetical to demonstrate the importance of information-sharing software.<sup>5</sup>

With access to child welfare records, the medical team would have known that the child was in foster care, allowing for the correct precautions to take place.

## The Strain on Clinicians and Caseworkers

Knowledge of which patients are in foster care and who holds custody is only the beginning of the many problems that arise from lack of information.

Clinicians are missing other key information such as:



history of maltreatment



placement history



other emotional or social factors

Meanwhile, caseworkers are missing information such as:



medical treatment plans needed for proper care



schedule of upcoming appointments



medication and vaccination records

Without this critical information, clinicians can't provide the best treatment possible and case workers can't ensure the wellbeing of children in their care.

# Closing the Gap with IDENTITY

Beginning in 2016, leading researchers and clinicians at Cincinnati Children's Hospital Medical Center combined forces with Hamilton County Job and Family Services (HCJFS) to address this fractured nature between healthcare and child welfare services.

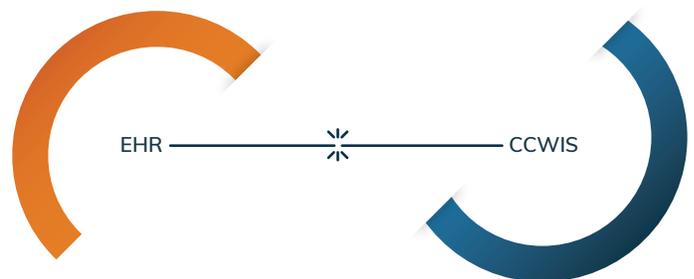
## The Fractured System: EHR and CCWIS

The fractured system results from the various methods used to store administrative and medical records.

Healthcare providers store information in the Electronic Health Record (EHR) while caseworkers store administrative records in the child welfare database, known in most states as the Comprehensive Child Welfare Information System (CCWIS).

The systems do not connect, leaving highly trained clinicians and caseworkers scrambling to manually track down and dig through hundreds of pages of files to find the information they need.

**THE FRACTURED SYSTEM IS WORKING AGAINST YOU.**



## The Solution: Cordata IDENTITY

To find a solution, the team at Cincinnati Children's and HCJFS brainstormed ideas for an integrated, cross-systems information exchange. Steps during the development process included:<sup>5</sup>

- 1 **Identifying, ranking, and prioritizing** all necessary elements of data where sharing between the **EHR** and **CCWIS** was permissible.
- 2 **Designing a data use agreement to support new avenues for data sharing** between the hospital and child protective services.
- 3 **Developing an algorithm that links records accurately**, avoiding serious consequences such as inadvertently sharing incorrect data or failing to identify matching data that existed but was discrepant.
- 4 **Developing an accessible and secure platform** with near real-time information.
- 5 **Identifying levels of access and security for varying roles.**

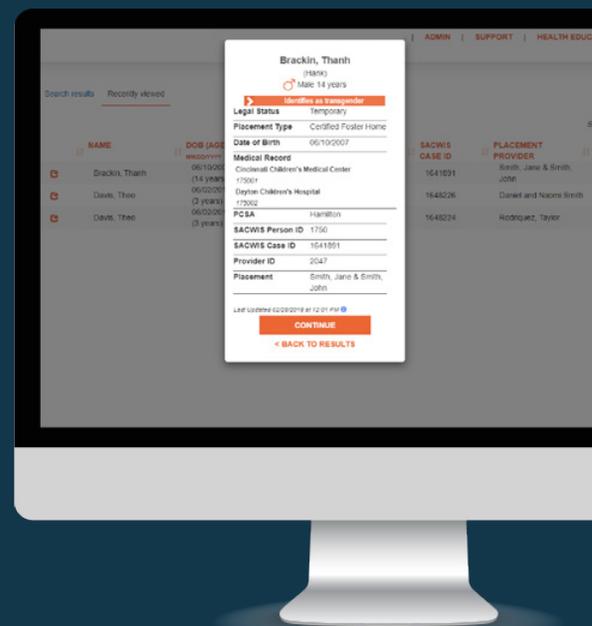
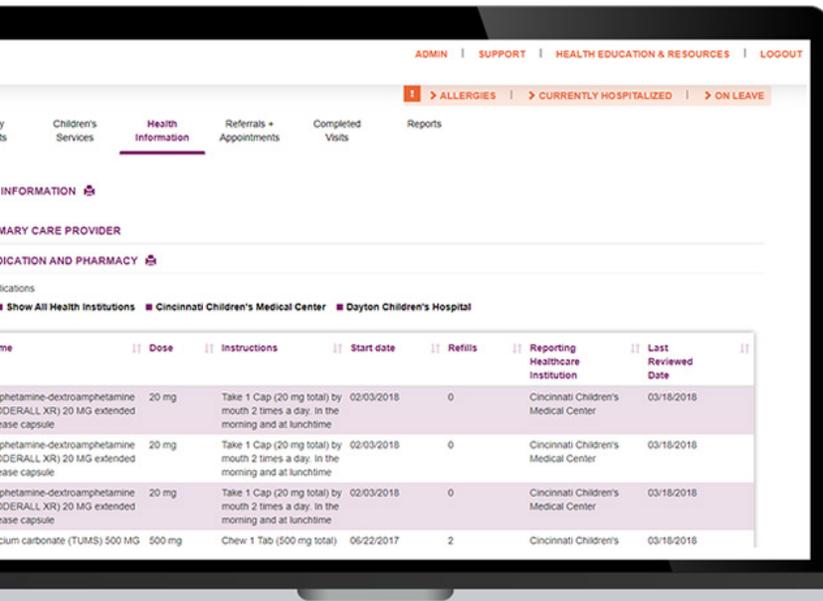
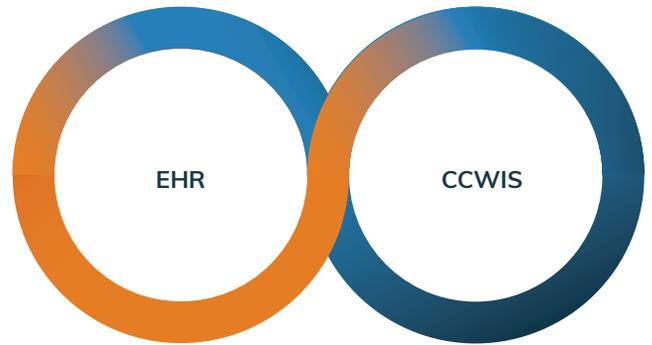
# Cordata IDENTITY is Born

After years of research, development and continuous testing, a web-based application named **Integrated Data Environment to eNhanCe outTcomes In cusTody Youth (IDENTITY)** was born.

**IDENTITY** is a Software as a Service (SaaS) platform that utilizes a proprietary deterministic matching technology to safely and securely exchange information between systems in near-real time, providing a comprehensive summary of medical and case histories that can be viewed through varying levels of access.

Since the launch of the technology in 2018, IDENTITY has been accessed by nearly **300 users** across Cincinnati Children's and nearly **400** at HCJFS, with ongoing analyzation of the platform showing promising results.<sup>5</sup>

CLOSE THE GAP BETWEEN  
MEDICAL AND CHILD WELFARE SYSTEMS.

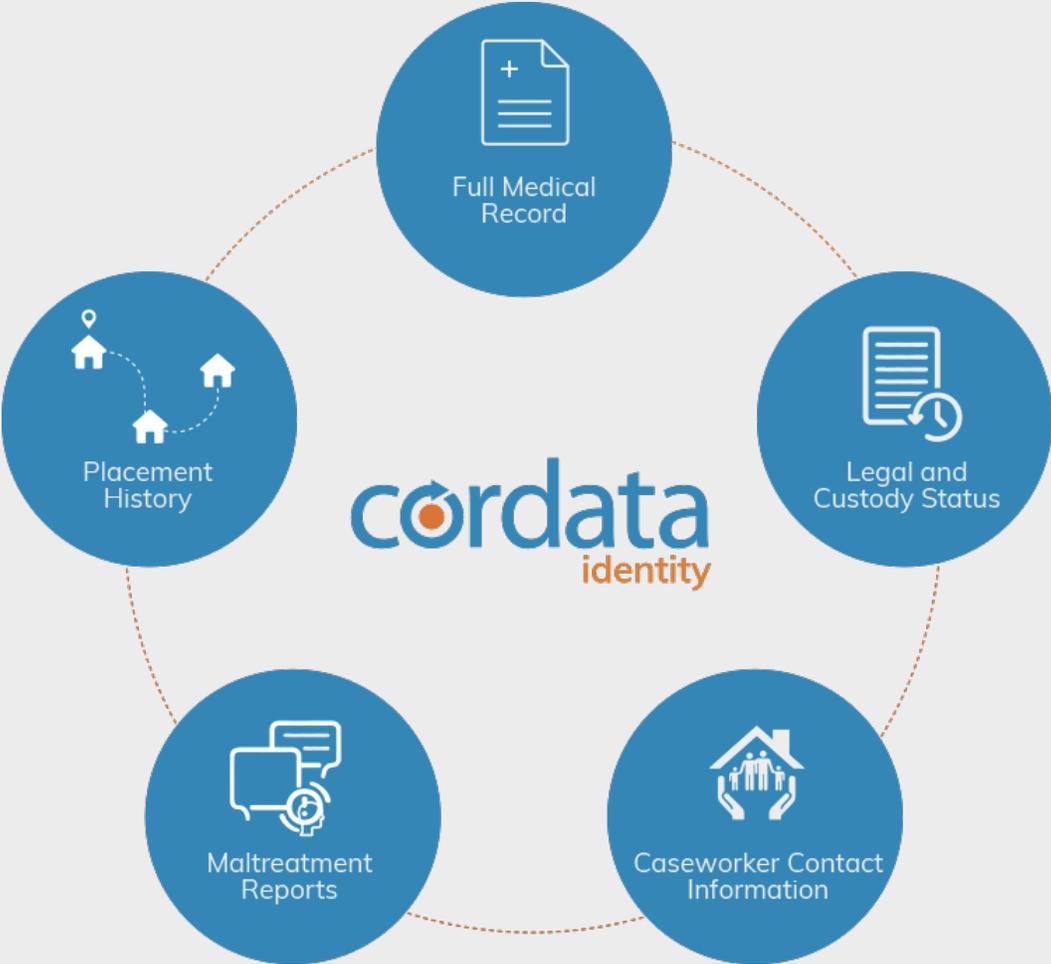


# Impactful Outcomes

## A Holistic View of Case History

IDENTITY has significantly improved outcomes for children in foster care while also improving processes for healthcare providers and child welfare caseworkers. After the integration, clinicians at Cincinnati's Children began seeing a flag on the hospital's EHR indicating that a patient was in foster care, with permissible case histories available to them in IDENTITY.

Now, you can have at your fingertips:



## Clinicians Know Their Treatment Plans Will Be Carried Out

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Full knowledge of medical and social histories allows clinicians the ability to provide the best possible care and appropriate medical treatment plans. Caseworkers also have access to the treatment plans, therefore ensuring proper care coordination.

You can have confidence that your treatment plan will be carried out.



## Caseworkers Have Access to Medical History

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Caseworkers additionally benefit from IDENTITY through access to important details in a child's medical history, such as immunization records, past diagnoses, medications, and upcoming appointments.

### FOR EXAMPLE,

consider a situation where a child enters foster care without any indication of medical problems. A caseworker can access the child's medical history through IDENTITY, seeing a medical history of positive HIV result and recent hospitalization with opportunistic pneumonia that indicated the need for home oxygen.

\*Stories in this piece are hypothetical to demonstrate the importance of information-sharing software.<sup>5</sup>

Even with no medical information provided at intake, the caseworker had what was needed to immediately schedule an appointment with the healthcare provider to address the medical needs of the child healthcare provider to address the medical needs of the child, and inform the caregiver of recommended treatment plans.

## The Importance of Integration

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The individual stories that have resulted from IDENTITY have shown the importance and effectiveness of integration, as do the quantifiable results that have also been found in the years since the launch .

# Quantifiable Results

## Significantly Save Time and Money

In addition to accurately identifying custodianship, which is necessary for consent for treatment, successfully sharing medical treatment plans with caregivers, providing proper care coordination, and ensuring that child welfare requirements have been met, IDENTITY also resulted in significant financial and time-saving improvements.



After implementation of IDENTITY, healthcare providers and staff saved more than **30 minutes on average** that was previously spent gathering information for each new patient visit, while an **average of 10 minutes** in information gathering was saved during healthcare encounters.<sup>6</sup>

## Improve Compliance with Child Welfare Requirements

Compliance with child welfare requirements also improved, resulting in the medical needs of children in foster care being met more frequently.



After IDENTITY was implemented, mandated healthcare evaluations **increased by over 40 percent**.

## More Timely Medicaid Reimbursements

Finally, IDENTITY has shown promising results for healthcare systems at-large.



Through access to updated and correct Medicaid numbers, providers at Cincinnati Children's were able to submit timely billing, resulting in substantial improvements in Medicaid reimbursements for services delivered to foster youth.



## Bringing IDENTITY to You

IDENTITY is the first and only commercialized technology to close the large gap in information between healthcare and child welfare services.

The technology provides an up-to-date, holistic view of medical and case histories of patients in foster care for clinicians and caseworkers, leading to better care coordination and improved health outcomes.

A commercialization agreement between Cincinnati Children's and Cordata is giving other healthcare organizations and child welfare teams the opportunity to similarly improve the quality of life for children in foster care in their communities.

### Citations

<sup>1</sup>Child Welfare Information Gateway. (2016). Foster Care Statistics 2014.

<sup>2</sup>Simms, M. D., Dubowitz, H., & Szilagyi, M. A. (2000). Health care needs of children in the foster care system. *Pediatrics*, 106(Supplement 3), 909-918.

<sup>3</sup>Mekonnen, R., Noonan, K., & Rubin, D. (2009). Achieving better health care outcomes for children in foster care. *Pediatric Clinics of North America*, 56(2), 405-415.

<sup>4</sup>Szilagyi, M. A., Rosen, D. S., Rubin, D., & Zlotnik, S. (2015). Health care issues for children and adolescents in foster care and kinship care. *Pediatrics*, 136(4), e1142-e1166.

<sup>5</sup>Greiner, M. V., Beal, S. J., Dexheimer, J. W., Divekar, P., Patel, V., & Hall, E. S. (2019). Improving information sharing for youth in foster care. *Pediatrics*, 144(2).

<sup>6</sup>Beal, Greiner, Flinchum, & Duncan (2020, September). Integrated Data Systems to Enhance Health for Ohio's Youth. *Linking Systems of Care for Ohio's Youth Research Seminar Series*.



Get the full picture of your patients  
in foster care today.

Take the Next Step

# cordata identity

The first and only  
commercialized technology  
to close a large information gap  
between healthcare and child  
welfare services.



**Talk to a Team Member**

[info@cordatahealth.com](mailto:info@cordatahealth.com)



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