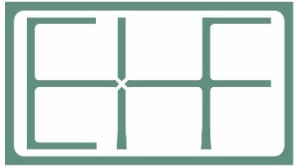# MCO NMDOH Learning Collaborative

Exploring Infrastructure Needs Part 2: NMDOH Resource and Referral Platforms

June 23, 2023

Agenda

- Developing the report
- Key considerations when selecting a platform
- Additional features to understand
- Regional interoperability efforts in Texas

Adopting a Community Resource and Referral Platform

ADOPTING A COMMUNITY RESOURCE AND REFERRAL PLATFORM
CONSIDERATIONS FOR TEXAS MEDICAID STAKEHOLDERS
EPISCOPAL HEALTH FOUNDATION · Center for Health Care Strategies

- **Goal**: To understand the community resource and referral platform (CRRP) landscape in Texas Medicaid

- **Methods**: Structured interviews with 11 Medicaid stakeholders
  - → Interviewees included provider organizations, MCOs, HHSC staff overseeing Texas 211, CBOs, and CRRP staff

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Key Considerations When Selecting a Platform:
Platform Functionalities

- Closed-loop referrals

- Interoperability with other platforms

  → Electronic medical records

  → State data platforms (e.g., school system data)

  → Other CRRPs

  → Lack of data standardization, differential privacy laws, competition among platform owners make closing the referral loop challenging

Key Considerations When Selecting a Platform:
Platform Ownership and Cost

- Many organizations have developed their own "homegrown platform"

  → Integrates with their other workflows

  → Does not require ongoing licensing costs (does require funding to build)

  → Easy to adapt as needs evolve

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Key Considerations When Selecting a Platform:
Other Users

- Partner organizations may influence your decisions

  → E.g., CHC and partner MCO onboarding with the same platform at the same time

- Strength of existing partnerships to address health issues/non-medical drivers of health can impact CRRP

  → Many MCOs and providers reported they do not yet have these strong relationships

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Additional Features of CRRPs

- Support for CBOs
  - CBOs often find it challenging to meet new data documentation and privacy requirements that come from sharing data with health care organizations
  - Platforms that can support development of these and related skills may be valuable

- Confidentiality of data
  - Platforms often ask for patients to consent to sharing most/all information
    - Often a carve-out for specific information, such as services related to domestic violence
  - Some platforms have a separate consent for each type of need

- Public data sharing
  - Many platforms publicly share de-identified data, which may be useful for stakeholders

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Spotlight: Regional Interoperability Efforts

| Central Texas Model Community	Health Equity Collective	Social and Health Information Platform (SHIP)
• Austin and surrounding areas • Coordinates between schools, health care providers, CBOs • Multi-organization partnership; United Way for Greater Austin is the backbone org.	• Greater Houston Region • Supporting development of community information exchange with closed loop referrals • Multi-organization partnership; UTHealth Houston School of Public Health is the backbone org.	• Austin, surrounding counties, Travis county • Data aggregator platform capable of working with EHRs, CRRPs, and others to create digestible dashboards • Project based at Dell Medical School

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Questions?

Contact: Anne Smithey, asmithey@chcs.org

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Visit CHCS.org to…

- **Download practical resources** to improve health care for people served by Medicaid.

- **Learn about cutting-edge efforts** from peers across the nation to enhance policy, financing, and care delivery.

- **Subscribe to CHCS e-mail updates**, to learn about new resources, webinars, and more.

- **Follow us on Twitter** @CHCShealth.
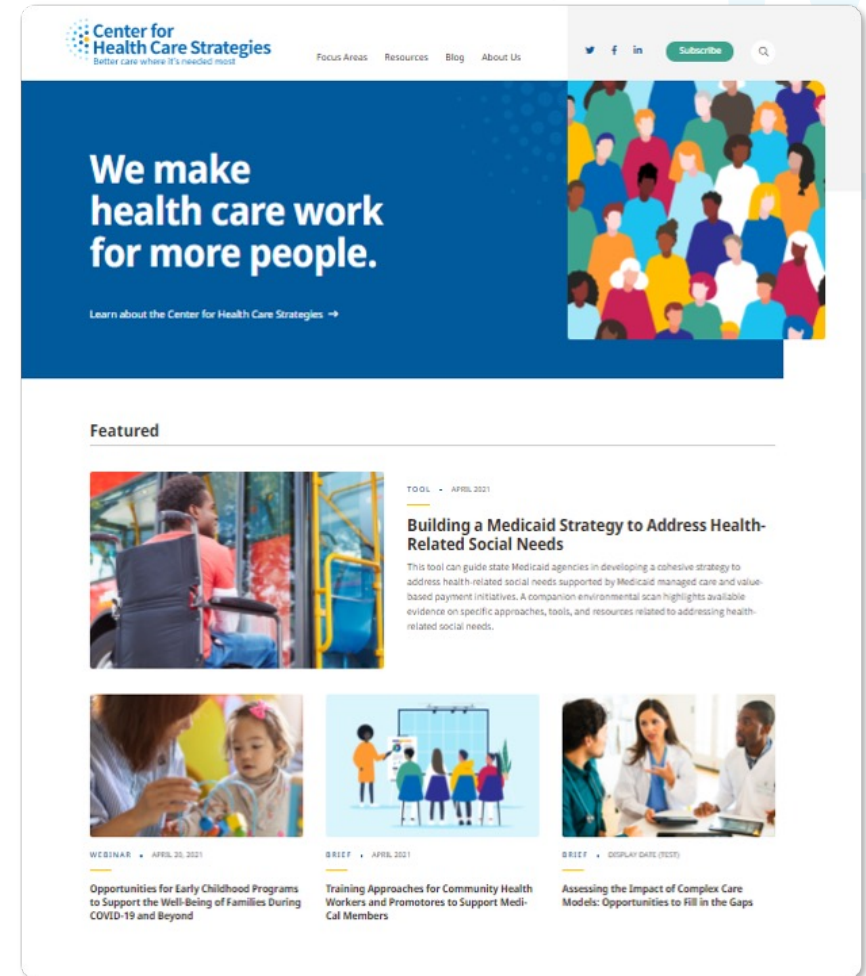
Using technology to connect patients to social services

Caroline Fichtenberg, PhD
Co-Director, Social Interventions Research and Evaluation Network (SIREN)
University of California, San Francisco

siren
Social Interventions Research & Evaluation Network

UCSF

Research and dissemination center at UC San Francisco

Improving **research** on social and medical care **integration**

- **Synthesize and disseminate research**
- **Convene stakeholders**
- **Conduct and catalyze research**

sirenetwork.ucsf.edu | siren@ucsf.edu | @SIREN_UCSF

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State of the Science on Social Screening in Healthcare Settings

Executive Summary

Summer 2022

Food Insecurity Interventions in Health Care Settings: A Review of the Evidence

Emilia De Marchis, MD, MAS
Caroline Fichtenberg, PhD
Laura M. Gottlieb, MD, MPH

August 20, 2020

ELSEVIER   Volume 63(3) Supplement 2, September 2022   ajpmonline.org

AJPM
American Journal of Preventive Medicine

SUPPLEMENT TO THE AMERICAN JOURNAL OF PREVENTIVE MEDICINE

Understanding Patients' Interest in Assistance with Social Risks Identified in Health Care Settings

GUEST EDITORS

Caroline M. Fichtenberg and Laura M. Gottlieb

Provider impacts of socioeconomic risk screening and referral programs:

A systematic scoping review

August 2021

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Social Interventions Research & Evaluation Network

Community Resource Referral Platforms: A Guide for Health Care Organizations

Yuri Cartier, MPH
Caroline Fichtenberg, PhD
Laura Gottlieb, MD, MPH

April 16, 2019

Commissioned by the Episcopal Health Foundation, Methodist Healthcare Ministries of South Texas, Inc., and St. David's Foundation.

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How Do Community Resource Referral Platforms Work for Social Service Organizations?

Lessons Learned in Trenton, New Jersey

A collaboration between Trenton Health Team and the Social Interventions Research and Evaluation Network at the University of California, San Francisco

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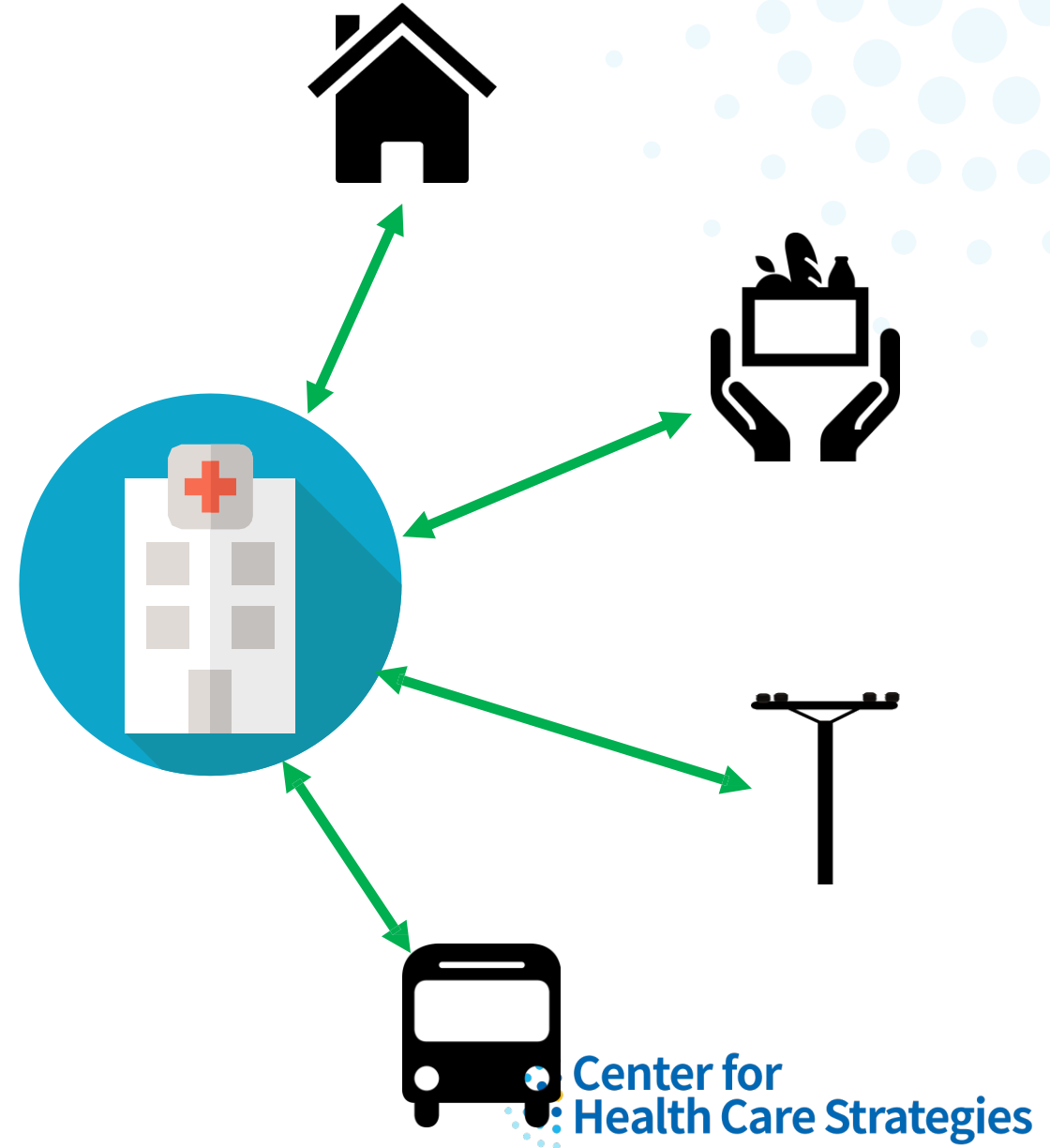Social Interventions Research & Evaluation Network

March 1, 2023

TrentonHealthTeam

Referral platforms – should you be investing in one?

- What else is happening in this space?

- Lots of excitement (and VC $), but….

- Hard to get community partners to use.
- Little data about impacts yet.
- Are these actually improving outcomes?

Study of NowPow implementation in Trenton, New Jersey
2020-2023

- Low perception of added value of electronic referrals among CBOs:
    - Pre-existing systems and processes for referrals work well enough (or are required)
    - Preference for direct communication w/ staff they know
    - Adopting a new technology is always an uphill battle
    - Lack of tech savviness and tech infrastructure
    - Concers about data sharing and privacy

9 other communities had similar experiences...
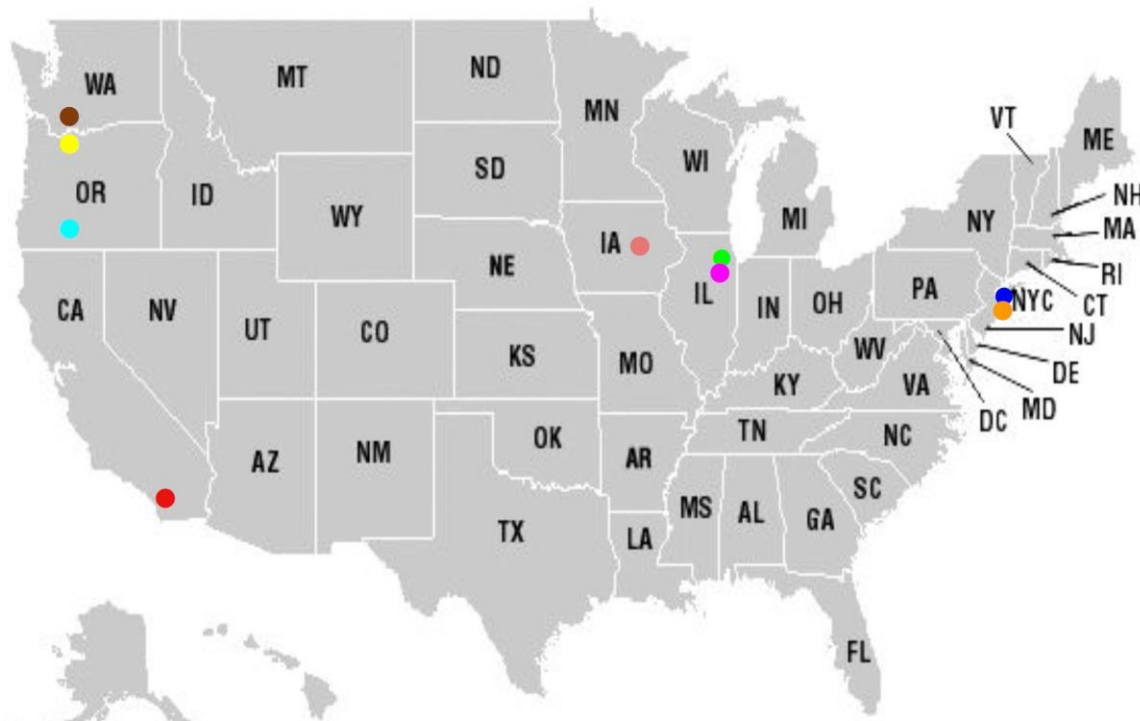
Map Key
Community and Platform
- 🔴 [2-1-1 San Diego (Homegrown on Salesforce)](#)
- 🟢 [United Way of Chicago (NowPow)](#)
- 🟣 [Rush University Medical Center (NowPow)](#)
- 🔵 [OneCity Health - Bronx and Brooklyn Hub (NowPow/Unite Us)](#)
- 🟠 [Public Health Solutions (NowPow/Unite Us)](#)
- 🟡 [Insight for Action/Kaiser (Unite Us)](#)
- 🔵 [United Way of Jackson County (Riverstar)](#)
- 🔴 [Linn County Department of Health (Signify Community)](#)
- 🟤 [Southwest Washington Accountable Community for Health, WA (CCS)](#)

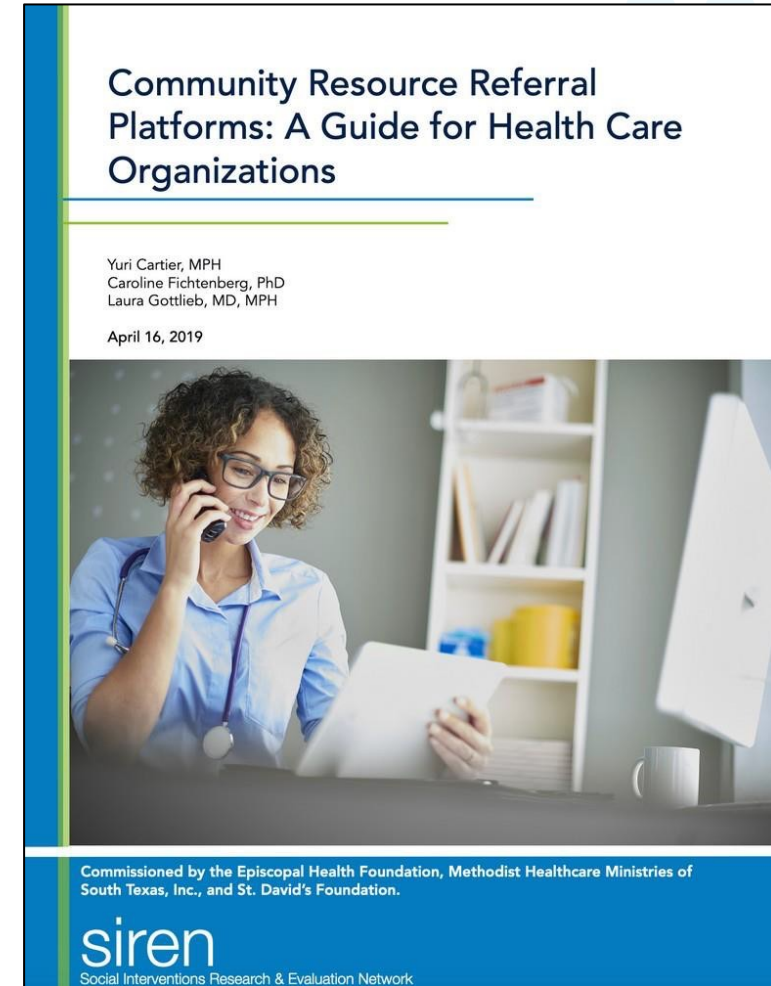https://trentonhealthteam.org/projects/harpp-research-project/

Multiplicity of platforms is an issue

"If I were to do this all over again, I think I would bring key stakeholders from all hospitals across the state to the table, with our community stakeholders, and together figure out what collectively would be the best one, 'go slow to go fast' so that everybody is using that same thing."

Community Resource Referral Platforms: A Guide for Health Care Organizations

Yuri Cartier, MPH
Caroline Fichtenberg, PhD
Laura Gottlieb, MD, MPH

April 16, 2019

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Are there other approaches?

- More than 200 local 211s across the US
- All maintain databases of local resources

TEXAS
Health and Human
Services

2·1·1
TEXAS
Connecting People and Services

HOME   GET STARTED   ▾PARTNER   ▾MORE INFO   YOUR TEXAS BENEFITS   **CHAT NOW**

Medicaid Members: Continuous Medicaid coverage has ended and Medicaid renewals have started, effective April 1, 2023. To ensure coverage continues, if you're eligible, report changes (contact information, pregnancy, etc.) as soon as possible. Log into your account at yourtexasbenefits.com or call 2-1-1 and select, Option 2.

End of Continuous Medicaid Coverage | Texas Health and Human Services

For information about COVID-19, call 2-1-1, Option 1.
Find a COVID-19 testing site | COVID-19 vaccine | More COVID-19 information

Find **Help**

a search term is required to find resources for food, health, housing, and more

enter search term

enter zip code   🔍 SEARCH

Not seeing what you are looking for? Try our Guided Search or search here by agency name.

Health Care Strategies

211 Texas/United Way HELPLINE

![United Way of Greater Houston logo]

United Way of Greater Houston

SEARCH FOR SERVICES   UNITED WAY OF GREATER HOUSTON   COVID-19 RESOURCES   DISASTER SERVICES

VETERANS RESOURCE DIRECTORY   CONTACT US

Find the help you need.

To find resources, enter information about the person needing the service.

These fields are optional, but provide better search results

Enter ZIP Code _____   or Enter City _____   (reset)

Age [____]   Gender ○ Female ○ Male

211

⋮ 🔴 United Way of Greater Houston   ⤢ ✕

👋 I'm the 211 Virtual Assistant.

What type of assistance are you looking for today?

(Disaster Resources) (Housing) (Food)

(Utilities) (Transportation) (Health Care)

(Counseling) (Employment)

(Extreme Cold Warming Centers) (More options)
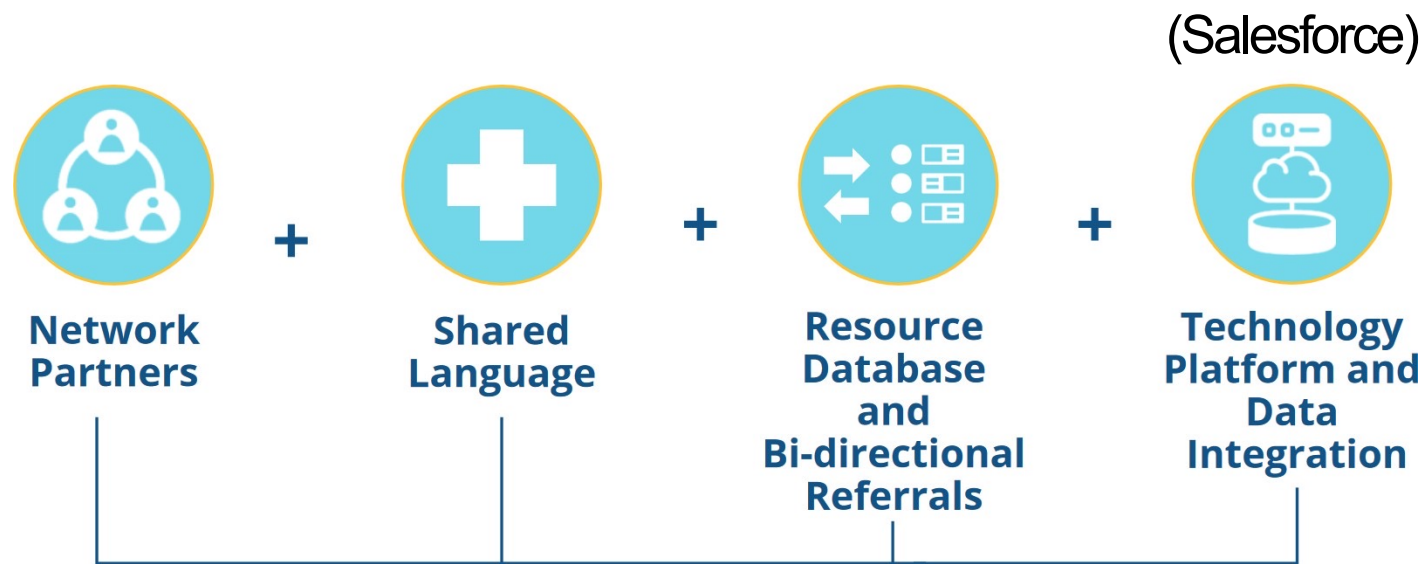
What do 211s provide:

- Call centers to assist clients looking for help

- Searchable database of local resources (large investment of resources)

- Strong relationships with local CBOs

- Knowledge of the local community

- Only one per community—no dueling systems

- Traditionally have not done e-referrals but that is changing

2-1-1 SAN DIEGO

Community Information Exchange®

Figure 1: Core Components of a CIE

(Salesforce)

Network Partners + **Shared Language** + **Resource Database and Bi-directional Referrals** + **Technology Platform and Data Integration**

Figure 2: How a CIE Supports Longitudinal Client Records

Client

2-1-1 Agent

CIE Partner

Client Record

Risk Rating · Notifications · Program Enrollment · Care Teams

CIE Partner

CIE Partner

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CIE= 211 database and call center + bi-directional referrals + longitudinal client record

(Southeast Wisconsin)

CIE: 211 database and call center + bi-directional referrals + longitudinal client record

Caveat: These are also unproven models. No real evaluation data yet (but hopefully soon.)

CommunityCares
Arizona's Connection for Whole Person Care

IMPACT connect
(Southeast Wisconsin)

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Enhancing technology

Promising practices

- Recognize that technology is not the silver bullet – users must feel ownership over the platform and workflow

- Build trust in the technology and workflow by:
  - Talking to users – their experience should drive enhancements
  - Connecting enhancements to desired impact on community (low lift/high impact)

- Make the technology usable by:
  - Keeping tech solutions simple and easy to adopt
  - Investing in training and supports

ies

Enriching community collaborations

Promising practices

- Recognize that relationships and partner capacity drive adoption, not the technology

- Build trust among partners and the community by:
  - Sharing power through joint decision making
  - Developing community understanding and buy-in

- Increase partner capacity to engage by:
  - Understanding the goals and limitations of each partner
  - Finding the value for each partner organization
  - Improving alignment of workflows and language
  - Sharing resources

Closing the loop ≠ Addressing the need

Original Research

A Framework for Evaluating Social Determinants of Health Screening and Referrals for Assistance

Kevin Chagin[1] iD, Franklin Choate[1], Karen Cook[1], Susan Fuehrer[1], James E. Misak[1,2], and Ashwini R. Sehgal[1,3,4] iD

Total Referrals	Referrals Accepted	Referrals Resolved
366	357/366 (98%)	98/357 (27%)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8679017/

Closing the loop ≠ Addressing the need

"So the problem [for] a lot of people …[is that] the help that claims to be available is subpar, doesn't work, or is not there."

Pfeiffer EJ, De Paula CL, Flores WO, Lavallee AJ. Barriers to patients' acceptance of social care interventions in clinic settings. *Am J Prev Med.* 2022;63(3, Supplement 2):S116-S121. https://doi.org/10.1016/j.amepre.2022.03.035

Platforms alone can't address the lack of availability of social services

Get in touch!

Caroline.Fichtenberg@ucsf.edu
siren@ucsf.edu
sirenetwork.ucsf.edu

NMDOH Referral Engine Solution

Purpose

Social needs and Member identification

Closed loop NMDOH target interventions

Measure outcomes and reporting

Goals

Develop and measure clinical outcomes

Medical economic outcomes Standardization of effort

Improve collaboration/partnerships with strategic CBOs

Measurable community impact

Driscoll
Health Plan

NMDOH Referral Engine Features

- Closed Loop function or ability
- NMDOH Screening tool → Referral crosswalk
- CBO Network
- User Friendliness
- Care Management Platform interoperability
- Data sharing and analytics
- Integration with Provider Screening and Initiatives
- Synergy with other NMDOH data sources

What does WellSKy SCC bring to the organization?

- Unlimited access to data rich referral platform
- Evidenced-based NMDOH assessments
- Referrals that include language, accessibility options, eligibility criteria
- Integration with Health Plan Care Management platform and EHR
- Tech-enabled closed loop from referral source
- Data Insights and predicative analytics
- Accountable Care NMDOH Network development capability

Questions?