MCO NMDOH Learning Collaborative

Exploring Infrastructure Needs Part 2: NMDOH Resource and Referral Platforms

June 23, 2023
Adopting a Community Resource and Referral Platform: Considerations for Texas Medicaid Stakeholders

MCO NMDOH Learning Collaborative
Anne Smithey, Program Officer

Supported by the Episcopal Health Foundation
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

- **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
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
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
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
## Spotlight: Regional Interoperability Efforts

<table>
<thead>
<tr>
<th>Central Texas Model Community</th>
<th>Health Equity Collective</th>
<th>Social and Health Information Platform (SHIP)</th>
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</table>
| • 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 |
Questions?

Contact: Anne Smithey, asmithey@chcs.org
Visit CHCS.org to...

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• **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.

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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
Improving research on social and medical care integration

- Synthesize and disseminate research
- Convene stakeholders
- Conduct and catalyze research
Referral platforms – should you be investing in one?

• What else is happening in this space?
How did we get here?

I want to connect my patients to social services AND find out if they received them.
• 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
  - Concerns about data sharing and privacy

https://trentonhealthteam.org/projects/harpp-research-project/
9 other communities had similar experiences...

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

Are there other approaches?
• More than 200 local 211s across the US
• All maintain databases of local resources
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

Not seeing what you are looking for? Try our Guided Search or search here by agency name.
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
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
Figure 1: Core Components of a CIE

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

(Salesforce)

Figure 2: How a CIE Supports Longitudinal Client Records

Client Record

- 2-1-1 Agent
- Client
- CIE Partner
- CIE Partner

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

(Southeast Wisconsin)
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
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

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

Kevin Chagin¹, Franklin Choate¹, Karen Cook¹, Susan Fuehrer¹, James E. Misak¹,², and Ashwini R. Sehgal¹,³,⁴, ds

<table>
<thead>
<tr>
<th>Total Referrals</th>
<th>Referrals Accepted</th>
<th>Referrals Resolved</th>
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<tbody>
<tr>
<td>366</td>
<td>357/366 (98%)</td>
<td>98/357 (27%)</td>
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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.”


Platforms alone can’t address the lack of availability of social services
Case Study in Choosing NMDOH Referral Engine Platform

WellSky® Social Care Coordination (formerly Healthify)
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
<table>
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<th>Features</th>
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<tr>
<td>Closed Loop function or ability</td>
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<tr>
<td>NMDOH Screening tool → Referral crosswalk</td>
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<tr>
<td>CBO Network</td>
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<tr>
<td>User Friendliness</td>
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<td>Care Management Platform interoperability</td>
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<td>Data sharing and analytics</td>
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<tr>
<td>Integration with Provider Screening and Initiatives</td>
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<td>Synergy with other NMDOH data sources</td>
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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 predictive analytics
- Accountable Care NMDOH Network development capability
Questions?