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MCO NMDOH Learning Collaborative
Exploring Infrastructure Needs Part 2: NMDOH Resource and Referral Platforms
June 23, 2023 / 11:00-12:30 CT

ADD LINKS FROM CHAT

- 1. Welcome and Introductions**
- 2. [Adopting a Community Resource and Referral Platform](#) - see report linked and slides attached.**
 - a. Anne Smithey, Program Officer, Center for Health Care Strategies**

Notes:

- CHCS developed a brief for EHF (linked above) that explores the landscape of community resource and referral platforms in Texas Medicaid, outlines how stakeholders selected these platforms, and provides an overview of regional efforts to better coordinate and integrate use of these platforms.
- To conduct the brief CHCS interviewed 11 Medicaid stakeholders in Texas, including Medicaid MCOs, HHSC staff overseeing the 211 system, provider organizations, and community resource and referral platform staff. The goal of these interviews was to better understand how member needs are being addressed, how community resource and referral platforms are being used to support identified needs, and how cross-sector partnerships are forming in this context.

- CHCS outlined the key stakeholder considerations identified when selecting a community resource and referral platform including (see additional details in the brief and slides):
 - Platform functionalities
 - Platform ownership and cost
 - Other uses
 - Regional interoperability efforts
- The brief and slides also highlight regional interoperability efforts to include:
 - [The Central Texas Model Community](#) – Austin and surrounding areas; coordinates between schools, health care providers and CBOs; Multi-organizational partnership with United Way for Greater Austin serves as the backbone organization.
 - Provides care coordination
 - Uses existing platforms
 - [Health Equity Collective](#) – Great Houston Region; supporting the development of community information exchange with close loop referrals; multi-organizational partnership with UTHealth Houston School of Public Health serving as the backbone organization
 - [Social and Health Information Platform \(SHIP\)](#) - 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
 - Can link to any platform

3. How CBOs and 211s Engage with Referral Platforms

a. Caroline Fichtenberg, PHD, Co-Director, Social Interventions Research & Evaluation Network

Notes: What's going on with referral and resource platforms.

- There is a lot of excitement but cost money, hard to get community partners to use, and there is little impact about the impacts to date.
- Work better when a use case – for example specific project to connect individuals to food
- Recent study of NowPow implementation in NJ findings:
 - 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
 - 9 other communities had similar experiences – see slides
- See SIREN study – [Community Resource Referral Platforms: A guide for Health Care Organization](#)
- There are other approaches
 - There are more than 200 2-1-1- systems across the country

- Upcoming SIREN report on a review of 2-1-1 systems
- Traditionally

- 2-1-1 systems have not done e-referral but that is changing
- Dr. Fichtenberg provided an overview of high-performing systems
 - San Diego 2-1-1 Community Information Exchange
 - CIEs support longitudinal client records
 - Connect Oregon
 - NCCare360
 - Community Care (Arizona system)
 - Impact Connect (Southeast Wisconsin)
- Main takeaways:
 - Technology is not the main solution, it is just a tool and not a silver bullet.
 - The best practice is to bring together all stakeholders and build trust in the technology/solution. The community and stakeholders experience should drive enhancements.
 - Closing the loop is not necessarily addressing the need.
 - Platforms alone can't address the lack of availability of social services.

4. Case Study: Arizona Approach to NMDOH Platforms

a. Jami Snyder, Owner, JSN Strategies LLC

Notes: Jami was previously the Medicaid Director for both Arizona and Texas and shared her experience with Community Care program in AZ.

- 3 years ago partnered with state-wide HIE to develop close loop referral system and partnered with a vendor to integrate with the 2-1-1 system – was Contexture and Unite Us bought them.
- AZ has an 1115 waiver to fund transitional housing but a fundamental element missing when rolling out the benefit was the technology piece.
- Wanted to track referrals and degree to which it impacted outcome – needed data.
- They started with community buy-in to incentivize use and make it easier for clinicians and CBOs
- Received approval from CMS to implement a [differential adjusted payment program](#) to incentivize use
 - Providers received funds for signing a participation agreement and reaching milestones – hospitals, facilities, BH providers, physicians, HCBS providers were all eligible
- The main challenge was Medicaid not set up to pay CBOs so established grants to CBOs and worked with them to find ways to better partner with them and build capacity

5. MCO Approach to NMDOH Platforms

a. Dr. Serrao, Chief Medical Officer, Driscoll Health Plan

b. Nathan Hoover, Vice President Operations, Superior Health Plan

Notes:

- Driscoll Health Plan uses WellSky Social Care Coordination (formerly Healthfyi) – reasons they chose this platform:
 - Closed loop function or ability
 - NMDOH screening tool and referral crosswalk
 - Includes a CBO network

- User Friendly
- Interoperable with their care management system

- Has data sharing capability and analytics
- Integrates with provider screening and initiatives
- Synergy with other NMDOH data sources
- Main goals of Driscoll platform adoption –
 - Develop and measure clinical outcomes
 - Medical economic outcomes
 - Standardization of effort
 - Improve collaboration/partnerships with strategic CBOs
 - Measurable community impact
- Both speakers stressed what Dr. Fichtenberg indicated – the technology is just a tool and not a silver bullet.
- Superior Health plan uses data to understand what the communities are searching for to help inform investments, etc. and echoed the goals of Driscoll
- They wanted to provide something to their members so that they can search on their own – wanted a person-centered approach

6. Closing Remarks and Adjourn

Next meeting will be in the fall and will be a look at Integrating NMDOH into APMs and explore successes and any existing obstacles.

CHCS will be publishing an EHF funded brief soon that will look at CBO Networks and Community Care HUBs in Texas.

The LC is very interested in engaging with HHSC on implementation of [HB 1575](#) – HHSC does not have an implementation plan and timeline yet but will share in the coming months and look forward to the workgroups to possibly help inform implementation.