



Use Case Summary

Use Case Name:	Interoperable Referrals
Sponsor:	None
Date:	August 14, 2020

Executive Summary

This brief section highlights the purpose for the use case and its value. The executive summary gives a description of the use case's importance while highlighting expected positive impact.

A person's needs are often interconnected, but our health care and social service systems are often fragmented and siloed. When a person is identified with a medical, behavioral, financial, social or community related need the organization involved in the person's care should be able to efficiently and easily refer the person to another organization that can assist in coordinating care to meet that need.

A proliferation of many screening and referral platforms means that there are multiple systems, competing workflows and resources, creating waste and duplication. As a result, residents miss out on services that could help them, and providers face a large burden to keep information updated and manage referrals coming in from many redundant systems.

Referral information and data (the "Payload") must be available across the community and state, promoting and supporting care coordination through vendor-agnostic interoperable methods. Electronic exchange of referrals through an Interconnected Referral Network (IRN) can help improve the quality, efficiency, and cost of healthcare. An IRN also allows for a broader net and more inclusive care for the patient regardless where they seek services. The communication and data exchange between the IRN and embedded community/healthcare technologies and software is problematic.

Purpose of Use Case: The Referrals use case supports data exchange and availability across the IRNs and community/vendor technologies.



Overview

This overview goes into more details about the use case.

The coordination of care across the healthcare continuum can be very challenging and can have a negative impact on healthcare costs as well as patient care if referrals are not received or coordinated in an efficient and timely manner. In today's environment, making referrals for coordination of care is often managed within an Electronic Medical Record (EMR) system, through a tedious and inefficient manual process or by siloed and proprietary vendor-based electronic referral systems. EMRs and electronic referral systems have improved the quantity, tracking and quality of a referral, however, they don't share across technologies well. This is a barrier and a cost to care coordination. Various coalitions and groups have identified and begun work on this issue, Gravity and Open Referral among them. The intent is to develop and standardize taxonomies for community benefit organizations (CBO) serving the social needs of their area and the behavioral and healthcare communities' referral information. The Referral's essential information is called a "Payload" and includes these required elements:

- [A referral was done](#)
- [When was the referral made](#)
- [Who did the referral?](#)
- [Who was the recipient of the referral?](#)
- [Who was the subject of the referral?](#)
- [What kind of services were requested?](#)
- [A way to determine what state the service request is in as it moves through a commonly accepted life cycle/state-model](#)
- [A way to determine what activities were provided as a result of that service request](#)

The intended audience for this use case includes any organization that wants to send or receive electronic referrals to other organizations involved in coordinating care for an individual through an IRN. These include, but are not limited to:

- Behavioral Health
- Community Mental Health
- Community/Social Organization
- Diagnostic Facility
- Durable Medical Equipment
- Federal Qualified Health Center
- Health Department
- Health Plan
- Home Health
- Hospice

- Hospital
- Medical Practice
- Provider Organizations
- Rehabilitation
- Skilled Nursing
- Specialty Clinics

Persona Story

To explain this use case, this section follows a persona example from start to finish.



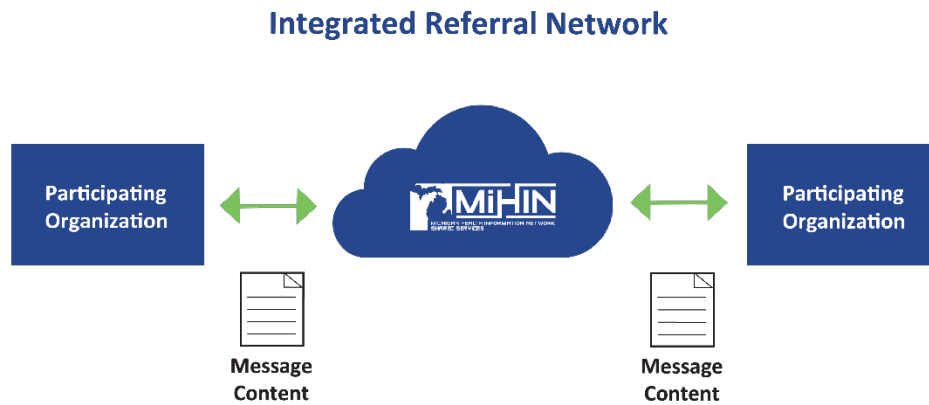
Dr. Charles Sun

Dr. Charles Sun is one of the few general practitioners in his small town and likes the connection it gives him to his patients. Everyone knows him as “Doc” and in a short time he has earned the respect and friendship of many in the community. When he first arrived in the town, as part of a physician loan forgiveness program, he never would have guessed he would want to stay. Now it has been three years, and he cannot imagine being anywhere else.

One of the things Dr. Sun is known for is always trying the latest healthcare technology or innovation. He has been using a referrals application that has a network of local providers and service organizations for a few years. This kind of interactive and linked group working together is called an Integrated Referral Network. (IRN). Being part of an IRN simplifies follow-up and improves tracking. Recently, more colleagues and communities have started to include referrals systems as part of their processes, but he’s noticed that he can’t always get information from other IRN. Dr. Sun has been working with a health information exchange to find new ways to share and track referrals information for his patients, even when it may be outside his IRN. The IRN shares standard, essential referral data with the Health Information Network (HIN). The HIN accepts the information and makes sure it is properly delivered and shared as needed. By implementing the Referrals Use Case, Dr. Sun and his staff can access important referral information for his patients from other IRN when they need to.

Diagram

This diagram shows the information flow for this use case.



1. A PO sends referral message content to HIN
2. HIN receives the referral message content and sends the referral to end recipient (PO)
3. HIN receives the referral message content update from the end recipient and may send the update back to the PO as appropriate.

Regulation

This section describes whether this use case is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.

Legislation/Administrative Rule/Directive:

- Yes
- No
- Unknown

Meaningful Use:

- Yes
- No
- Unknown

Cost and Revenue

This section provides an estimate of the investment of time and money needed or currently secured for this use case.

Costs

The project financially covers the following components:

- Development and maintenance of the implementation and user guides
- Technical development and maintenance at MiHIN
- Training
- Participant development and implementation to onboard for this use case

Revenue

Significant cost savings are anticipated based on faster, more efficient referral workflow.

Implementation Challenges

This section describes the challenges that may be faced to implement this use case.

Implementation challenges associated with this use case include

Implementing taxonomies in CBO

Socializing across various and diverse communities, organization types and vendors the need to support and engage in the Core and applicable Use Cases

Standardizing the receipt of the payload data

Mapping the payload data

Vendor resistance/cost

Organizations participating in this use case are required to onboard to the following use cases: Active Care Relationship Service, Common Key and Health Directory.

Vendor Community Preparedness

This section addresses the vendor community preparedness to readily participate in the implementation of this use case.

Vendors will need to be able to develop and implement payload delivery and updates in real-time as transactions

Support Information

This section provides known information on this support for this use case.

Political Support:

- Governor
- Michigan Legislature
- Health Information Technology Commission
- Michigan Department of Health and Human Services or other State of Michigan department
- CMS/ONC
- CDC
- MiHIN Board

Other:

None

Concerns/Oppositions:

None

Sponsor(s) of Use Case

This section lists the sponsor(s) of the use case

MDDHS

Metrics of Use Case

This section defines the target metrics identified to track the success of the use case.

- The number of sent/received referrals per month
- The number of referrals sent in and out of network

Other Information

This section is provided to give the sponsor(s) an opportunity to address any additional information with regard to this use case that may be pertinent to assessing its potential impact.