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MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

Referrals 101

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Senior Product Marketing Manager

This meeting will be recorded

AGENDA

01 Referrals and “The Loop”

02 ReferralsPlus™

03 Social Referrals

04 Closed Loop Referrals and Interoperability

05 Our Strategy

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Referrals and “The Loop”

Cold Referral vs Warm Referral

"Here's a list of relevant organizations you can call about that"

"Let me get in contact with this organization for you"

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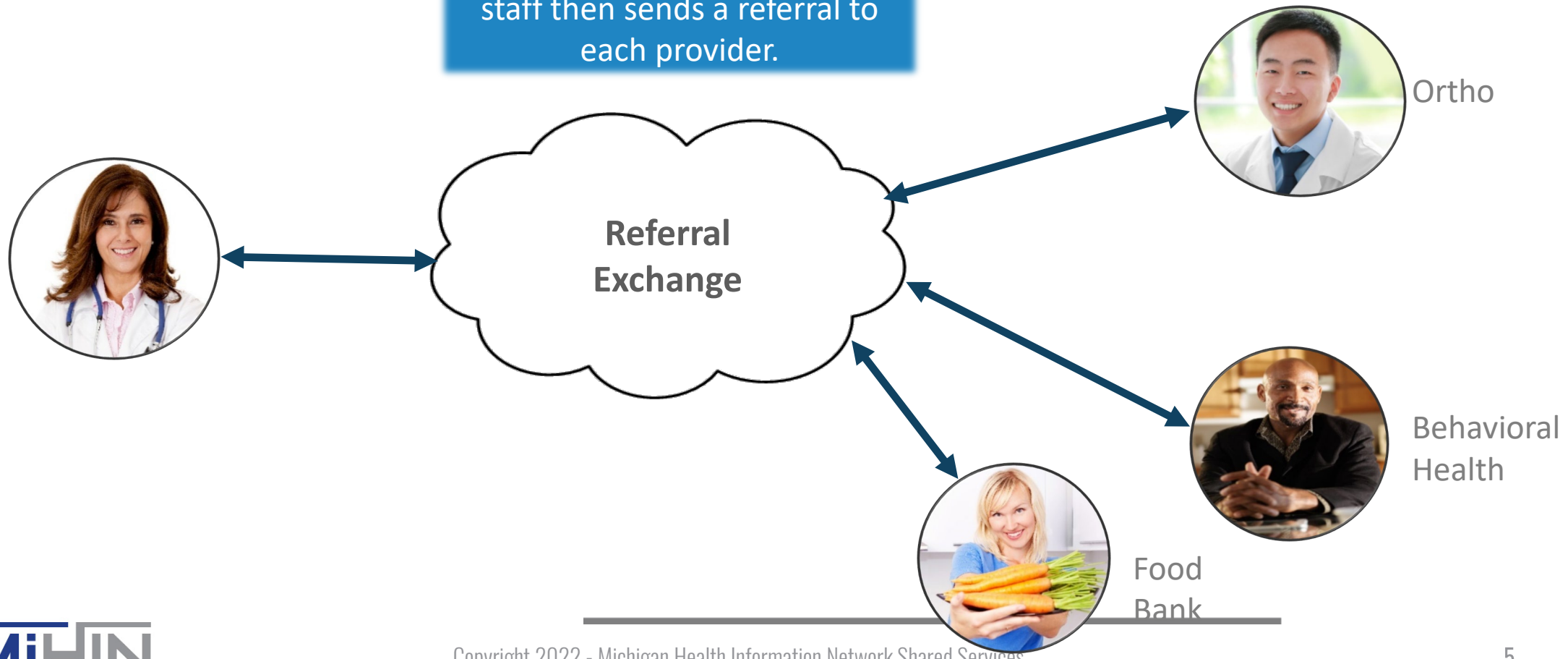
Warm Electronic Referral Example

1
Andrea has a patient who is anxious, twisted her ankle and needs food

2
Andrea's staff searches and selects the most appropriate service for the patient. The staff then sends a referral to each provider.

3
Each organization reviews the referral and updates the status in near real-time until service has been completed.



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Referral

"I am sending this patient to you"

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Closed Loop Referral

"I am sending you a referral for this patient"

"I accept this referral"

"We have a visit scheduled"

"The patient showed up to the visit and here is the outcome"

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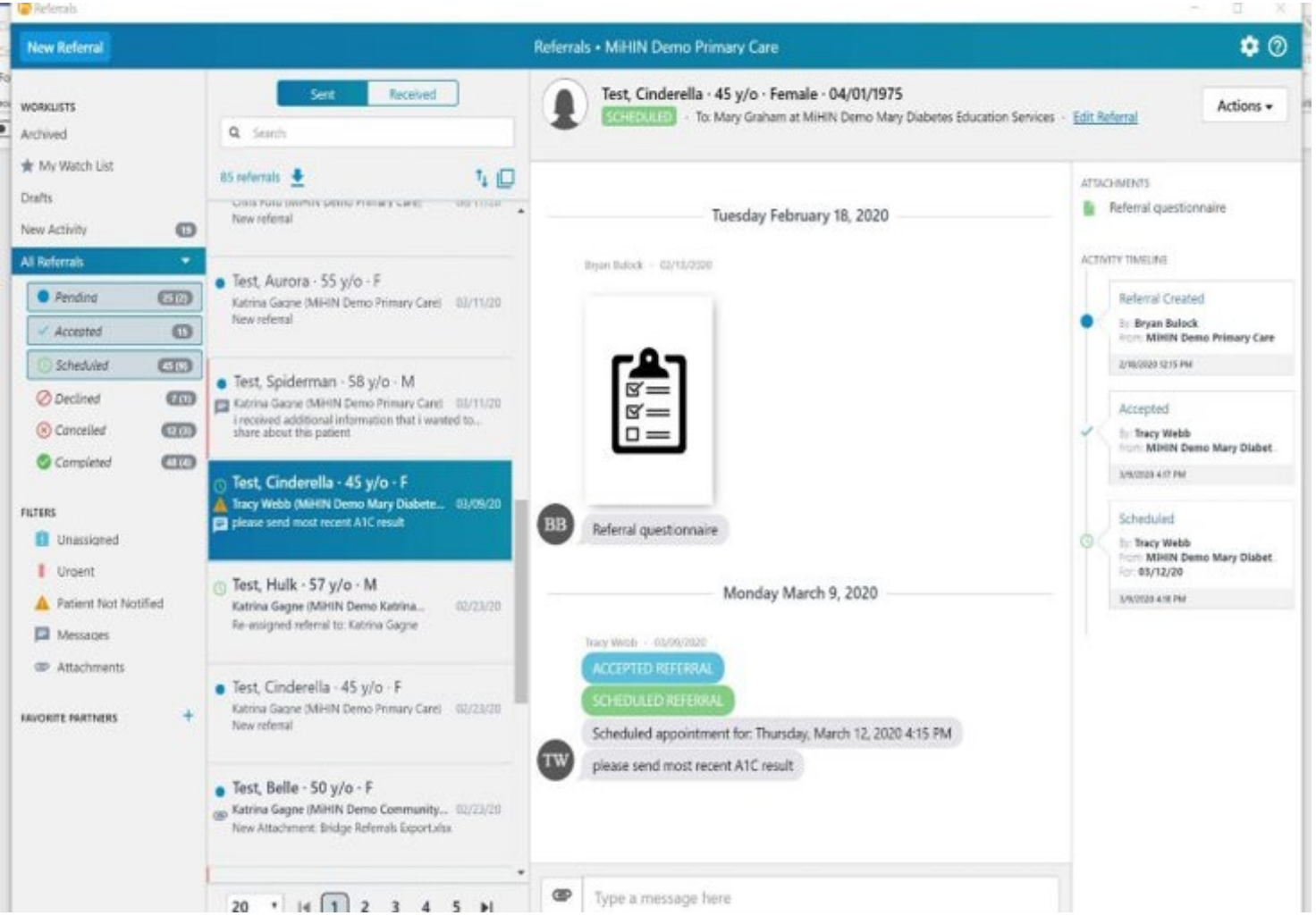
ReferralsPlus™

MiHIN ReferralsPlus™



- **Celebrating 11 years of referral management!**
- **One of larger Closed Loop Referral systems in the nation**
- **Over <u>1 million</u> referrals sent/managed**
  - 1,500+ new referrals created daily
  - 41,000 referral related activities performed daily
  - 3,350 clinical documents uploaded daily
  - Average 2 days to accept & 6 days to schedule

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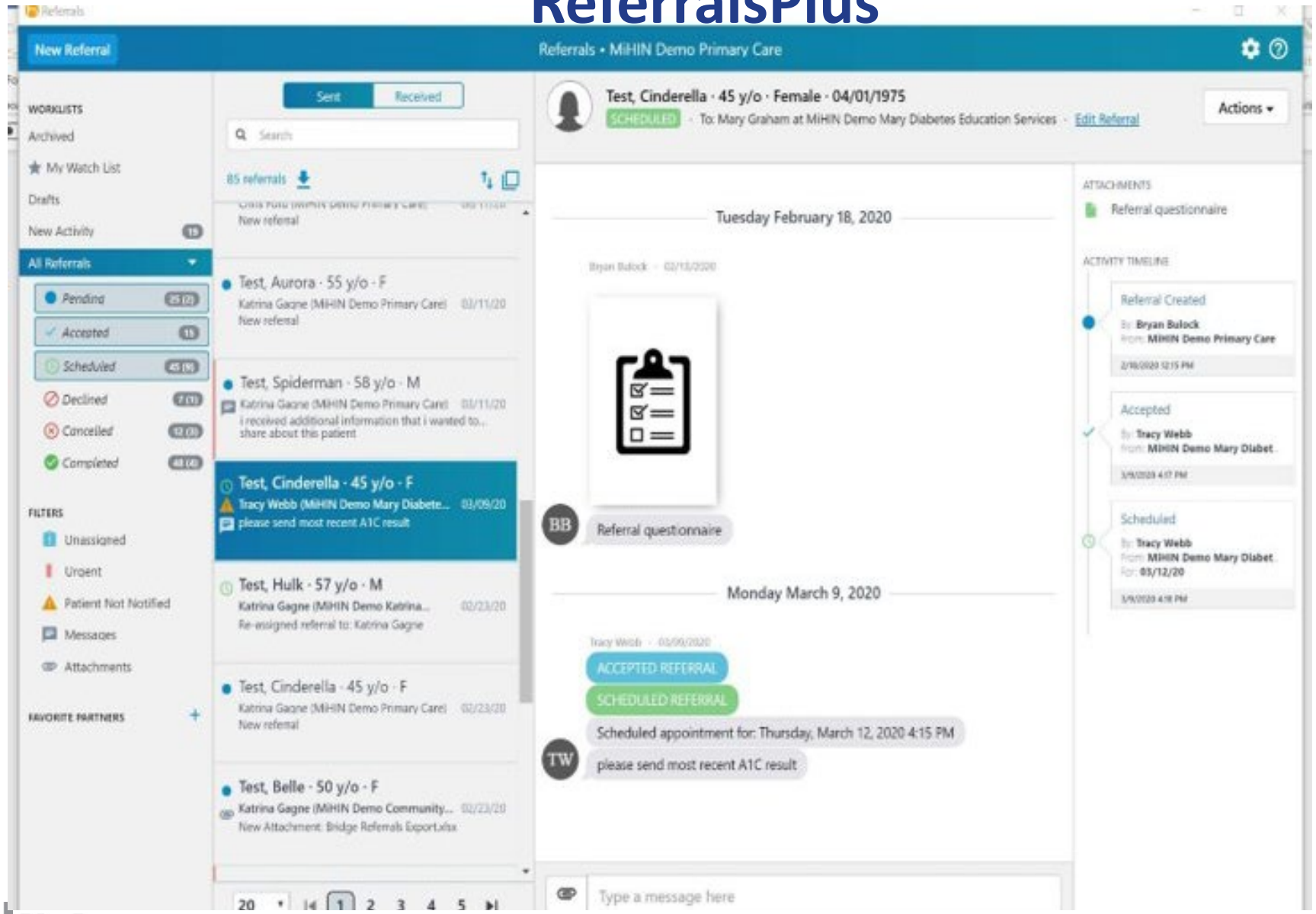
ReferralsPlus™



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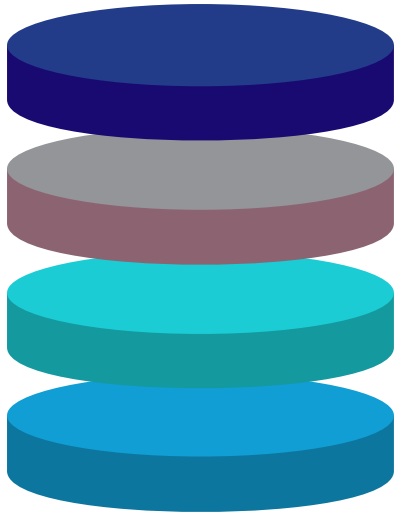
ReferralsPlus™ Key Components

Demographics

- Patient name
- DOB
- Phone
- Address
- Insurance

Pertinent Information

- Reason and type of requested care
- Questions tailored to the receiving location
- Relevant and Required Answers



EHR Agnostic

- Efficiently send and receive referrals regardless' of the EMR
- Organizations can be paper-based

Up-to-date Information

- Relevant attachments
- Real time messaging
- Up-to-date referral status
- Providers view same data

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ReferralsPlus™ Benefits

Real-Time Status Changes

Easily Identifies Urgent Referrals

Increases Accountability

Efficiently Manage Referrals

Statewide Referral Network

Convenient and Configurable E-Mail Alerts

Time Stamped Messaging

Seamless Tracking

Secure and HIPAA Compliant

Significant reduction of phone and faxing (including reduction of costs for paper, ink and shredding)

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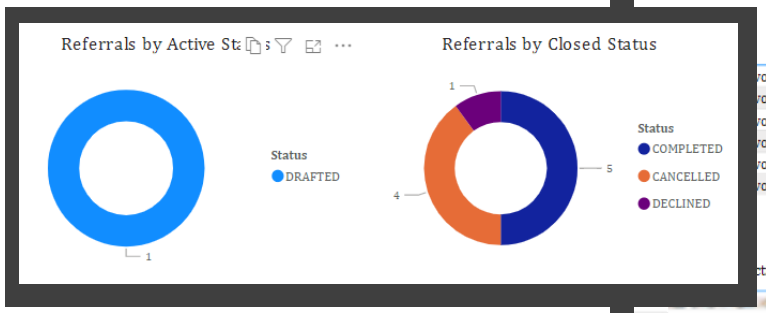
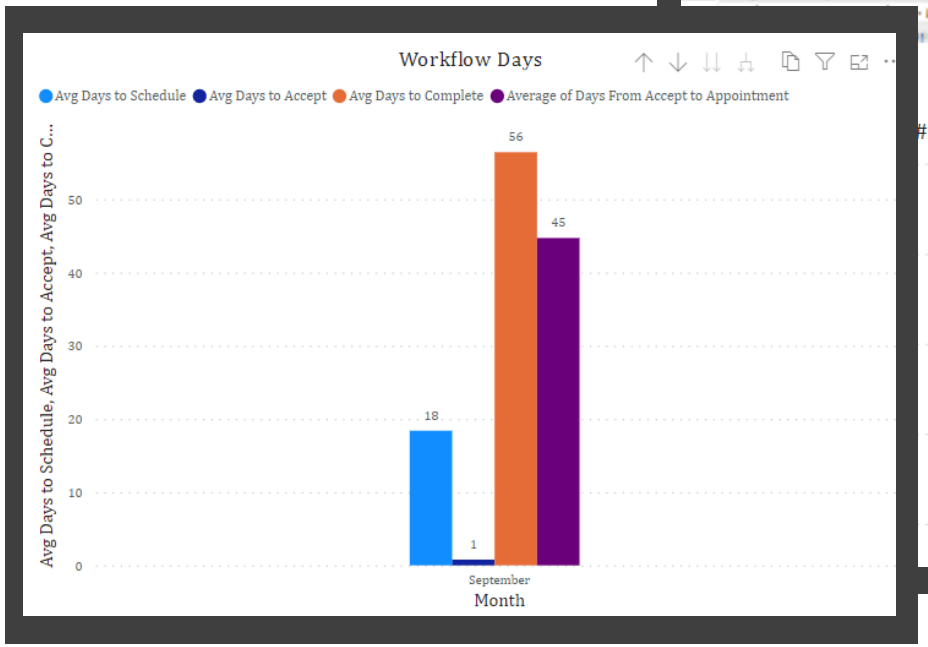
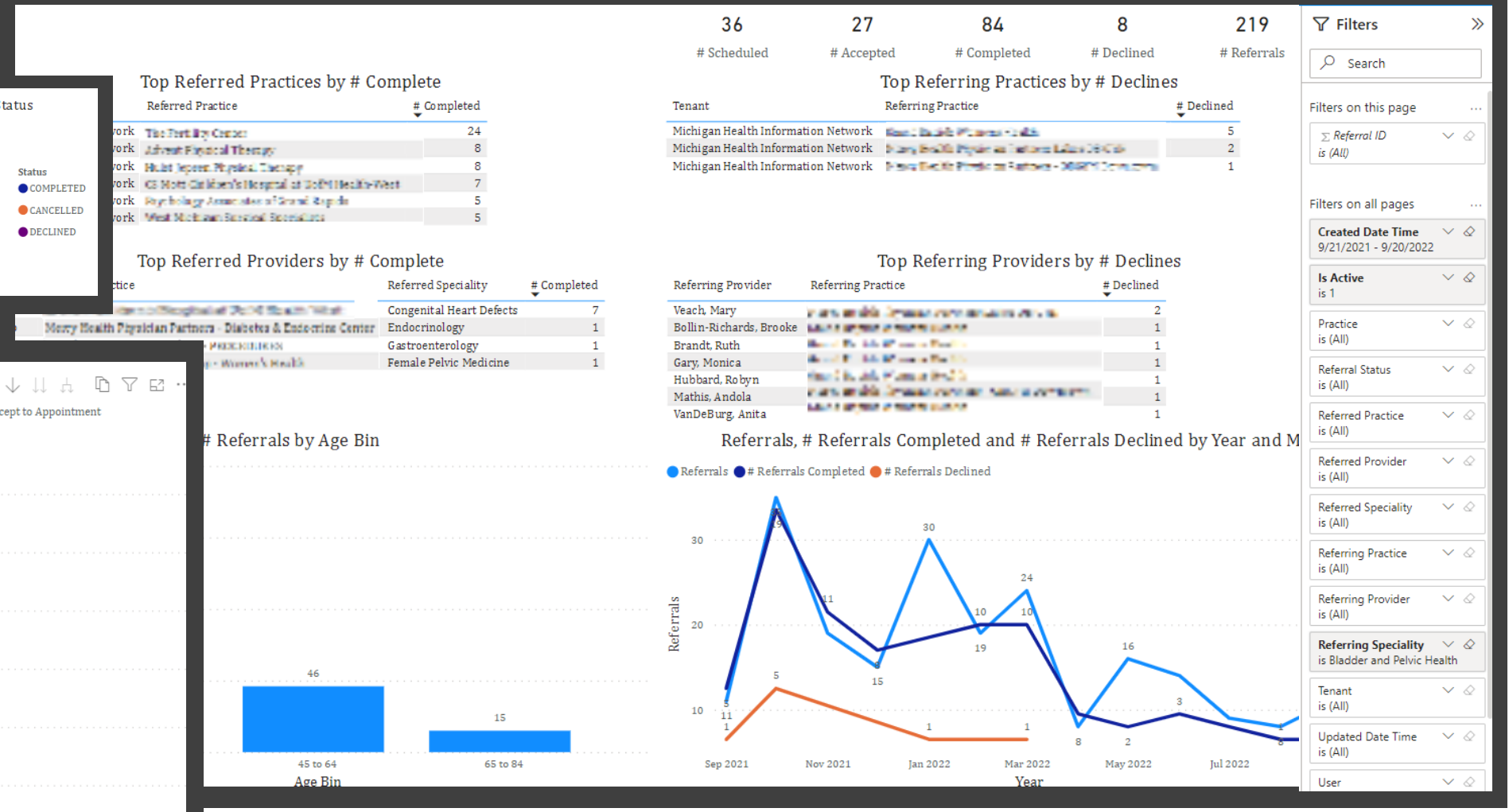
ReferralsPlus™ *NEW* Reporting







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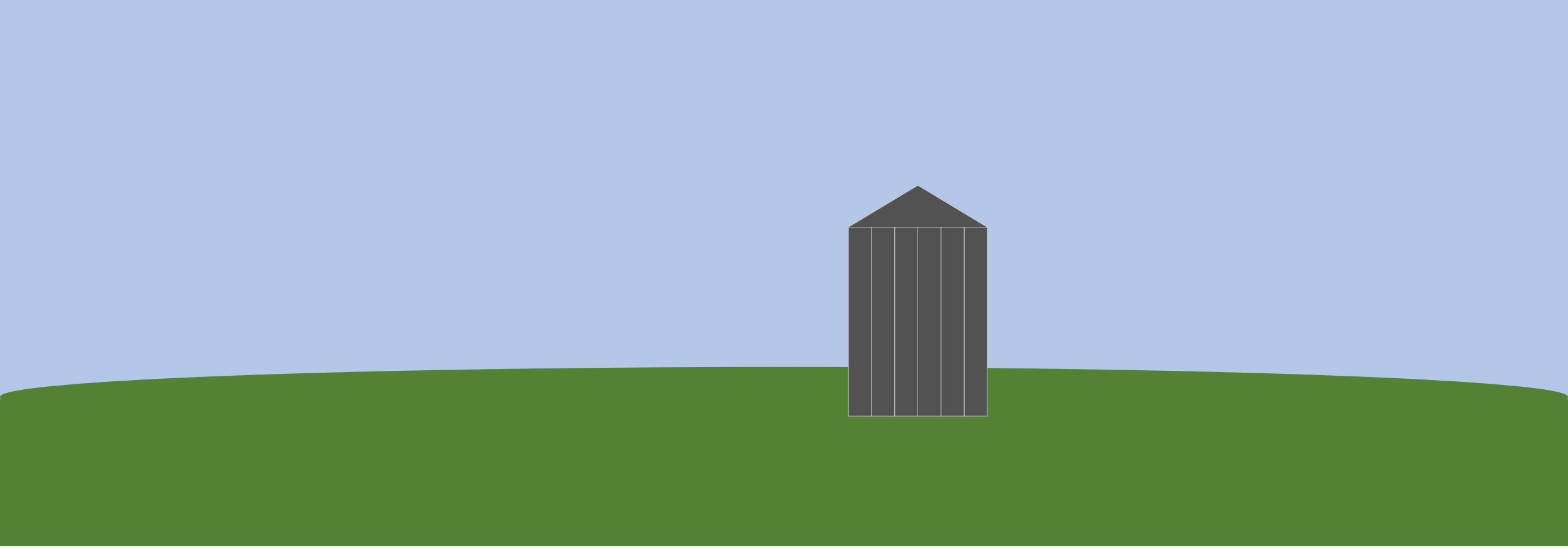
Social Referrals

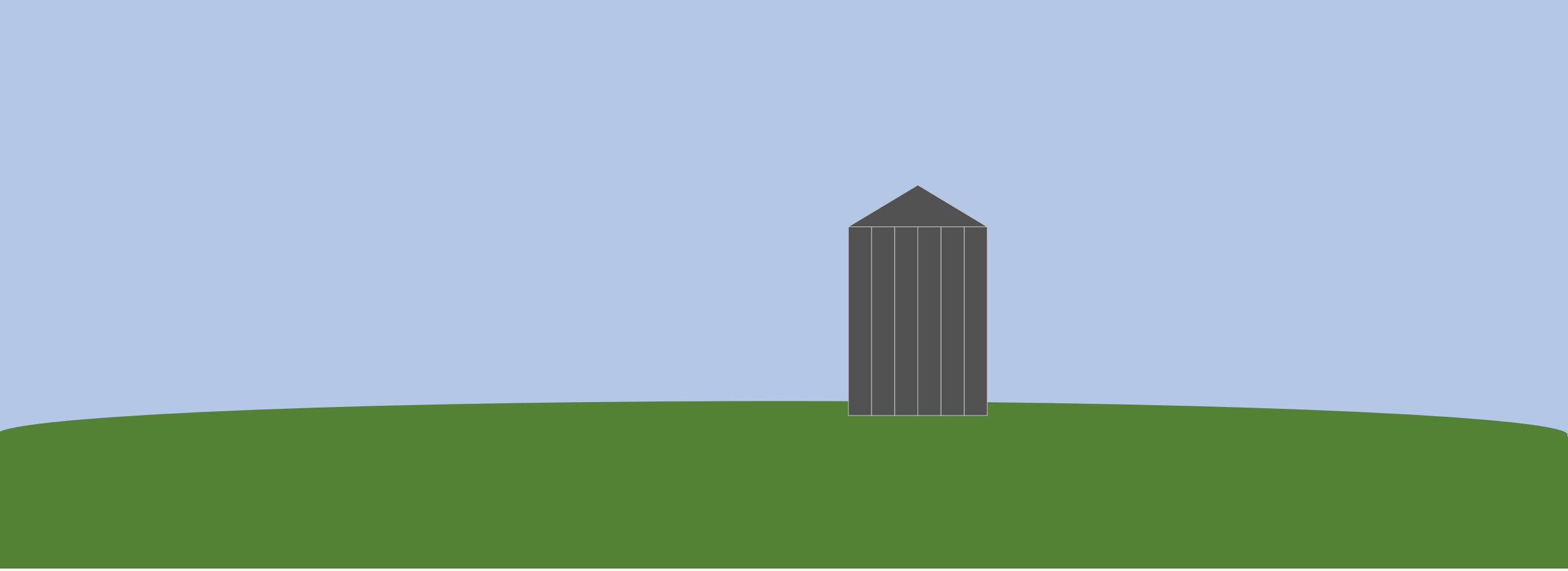
Gravity Project:

Developing standards to support care sector coordination

Source:
Gravity Project

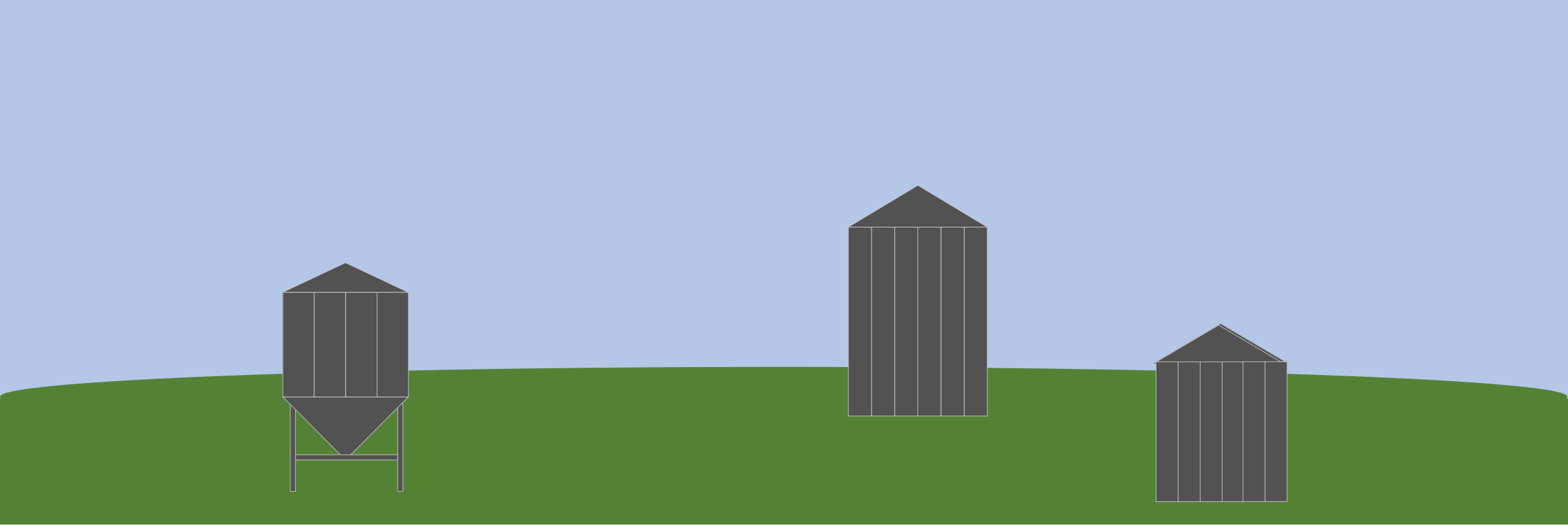


Health Care Data :
How did we get here?



One Silo, No Confusion

- Data stored consistently
- In one place
- No integration or interoperability concerns



A Few Vendors is Workable, But Silos Exist

- Separated by geography
- Integrations only-when needed for statewide purposes

Silos Quickly Become Crowded

- Geographic overlap means split communities
- Organizations that need to communicate are isolated
- Technology becomes the barrier instead of the enabler

Consistent Way to Connect Silos

- Any vendor can continue to provide your IT platform
- If there is more than 1 vendor, then interoperable exchange across systems is necessary

The infrastructure for exchange already exists but technology is not the current barrier

Q: How do you know when a patient needs a social referral?

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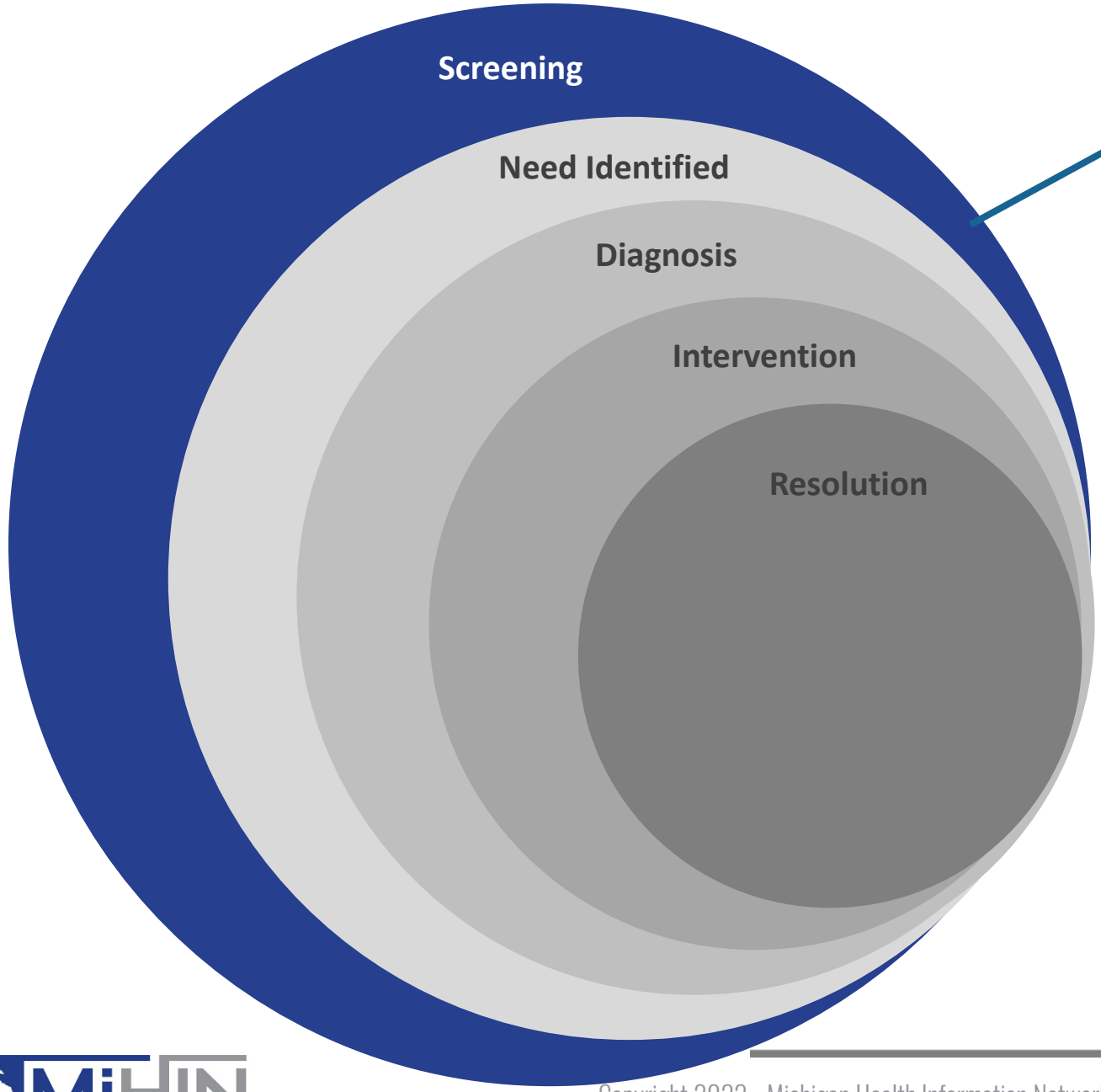
Screening is a Primary Entry Point for Technology Solutions



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Health and Wellness:
more than just medical care

Coordination Platform Vendors active in Michigan

findhelp

RIVERSTAR

hōlon

Healthify
powered by WellSky

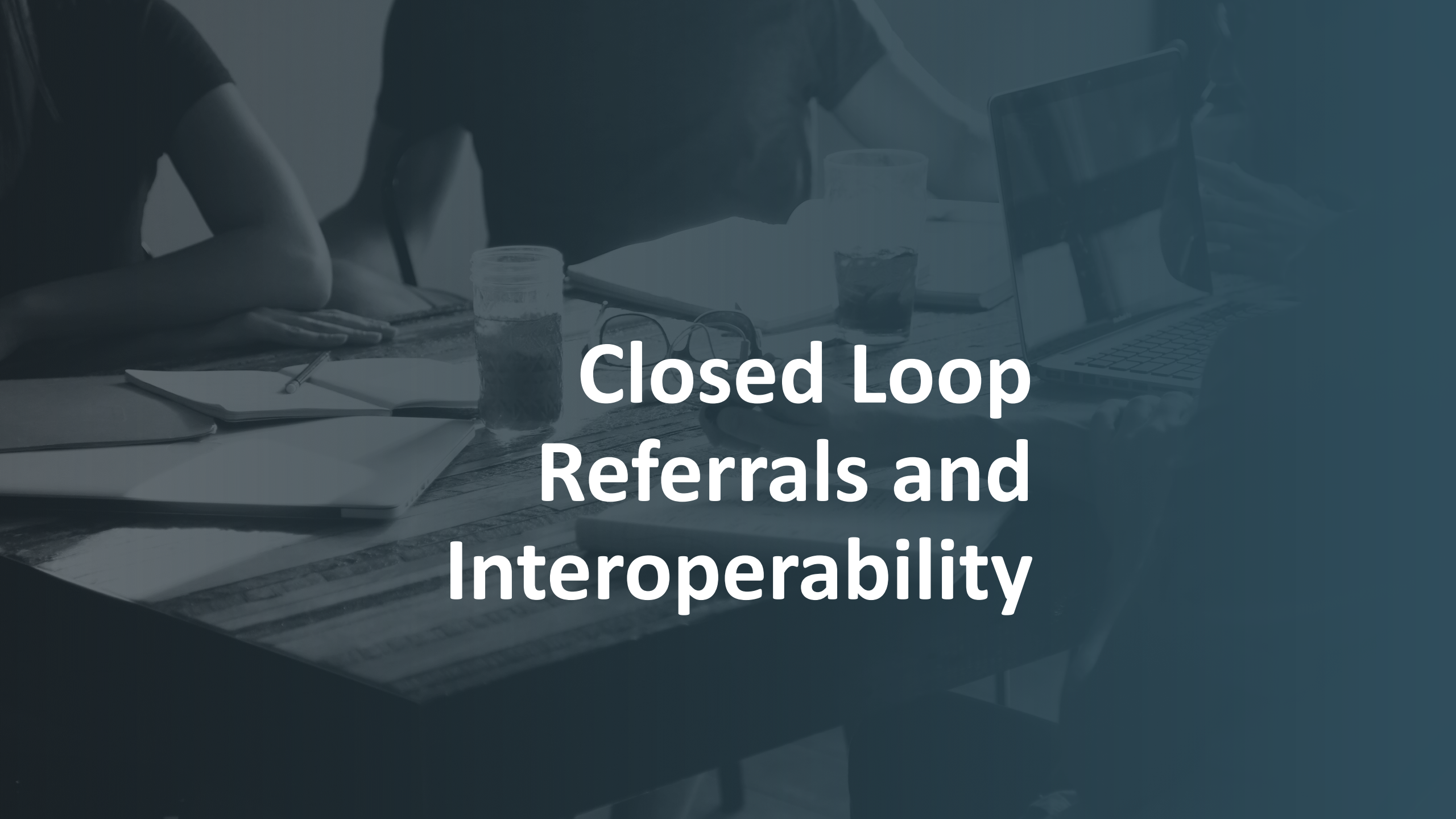
NOW POW

CareAdvisors

pce Systems

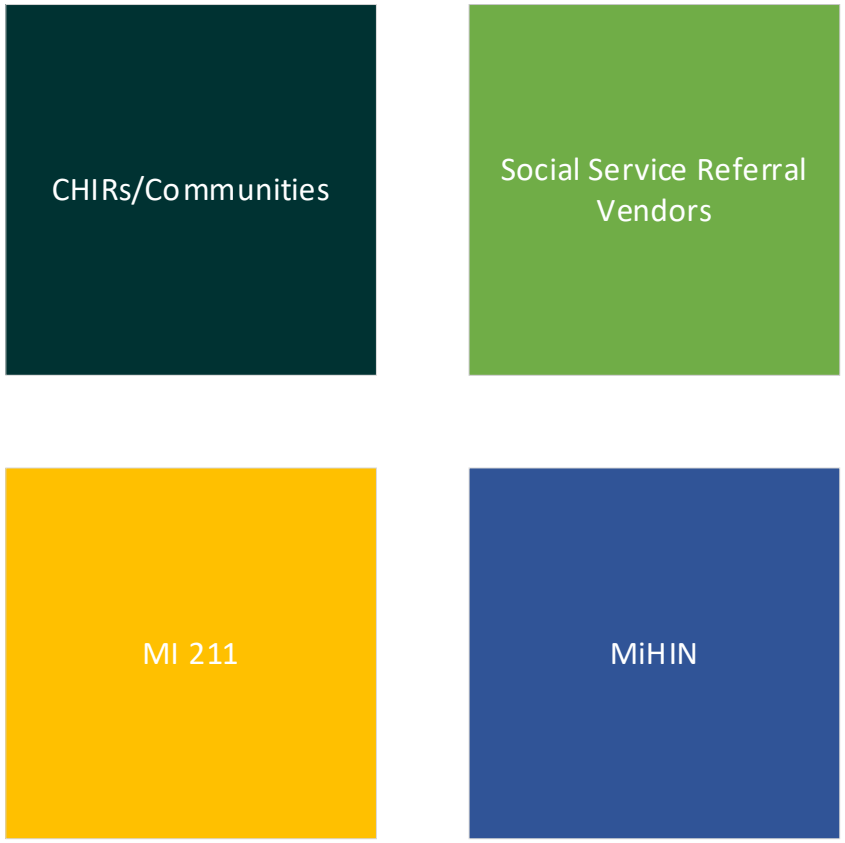
signifyhealth

UNITE US

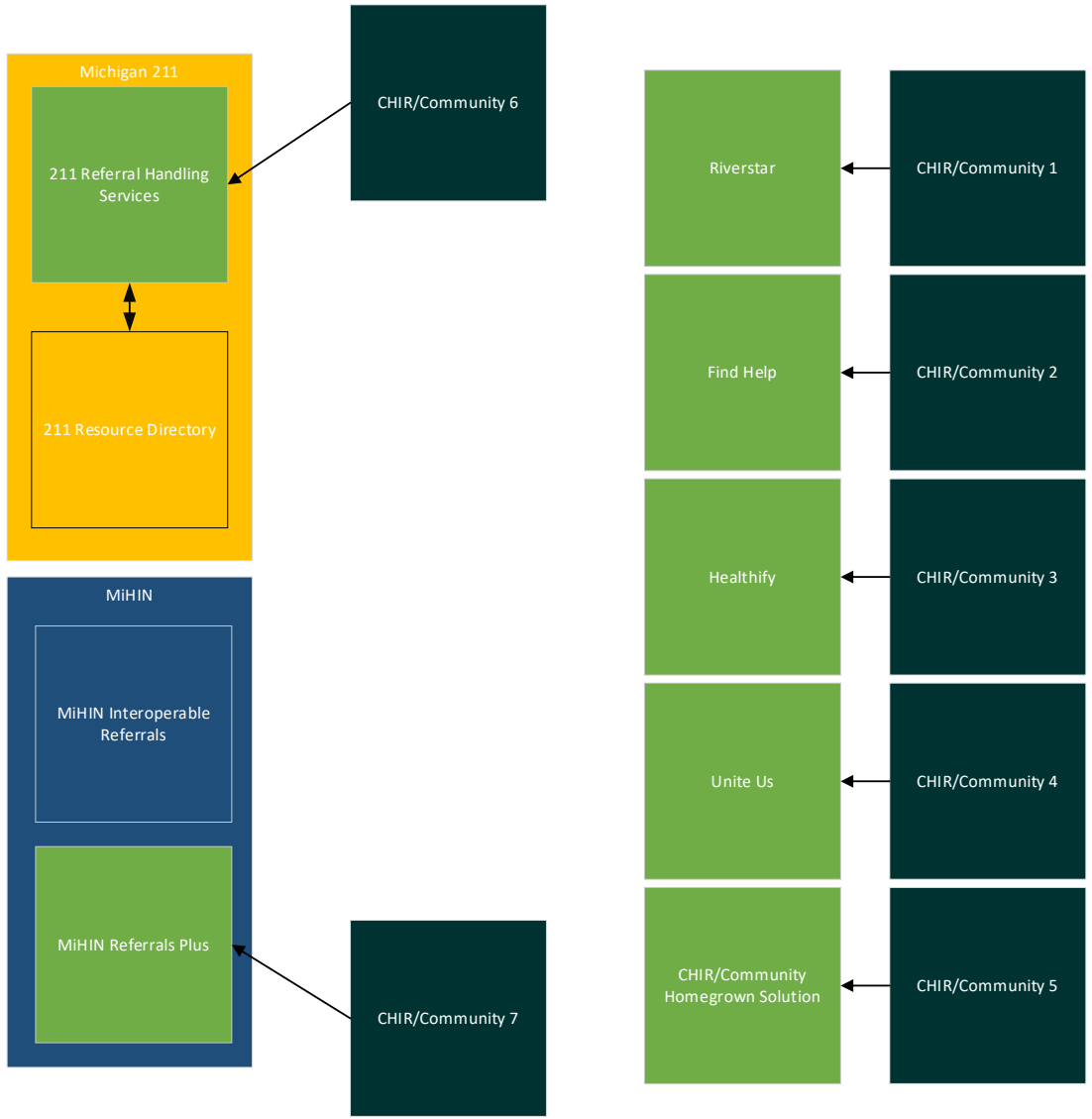


Closed Loop Referrals and Interoperability

The Actor Groups

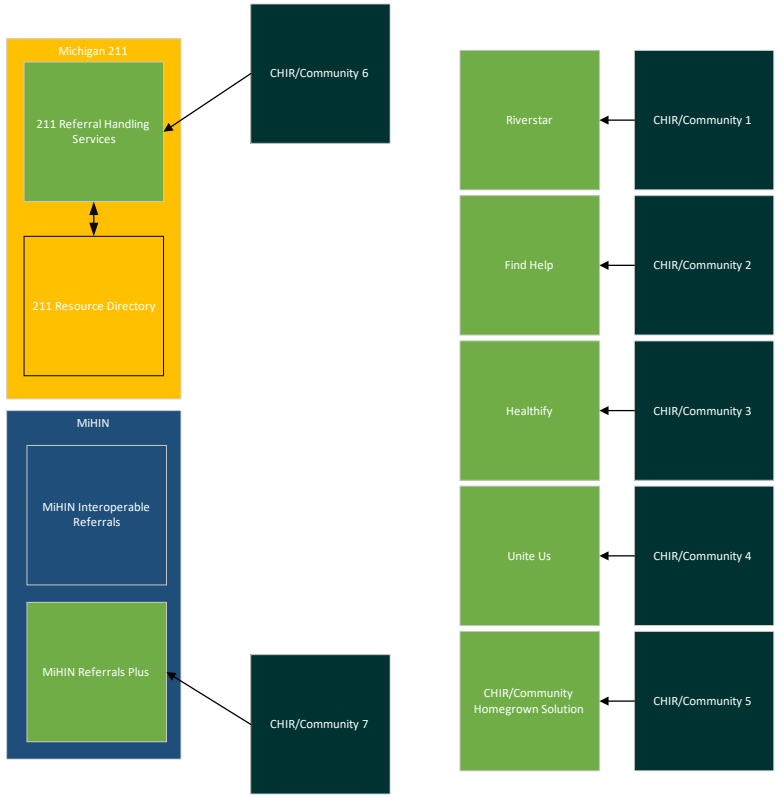


Crude Ecosystem Representation

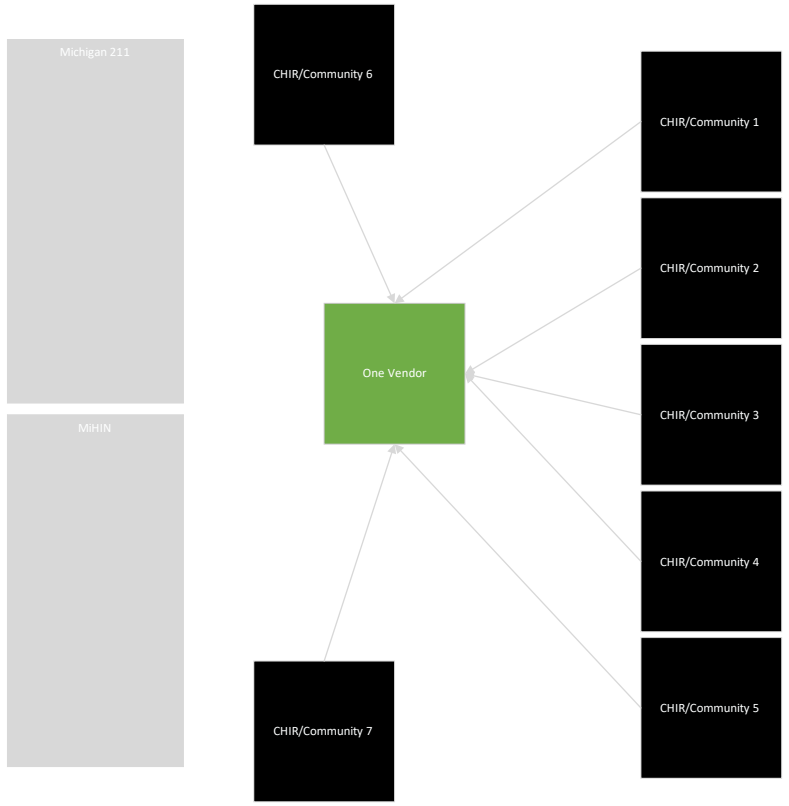


Three Main Paths

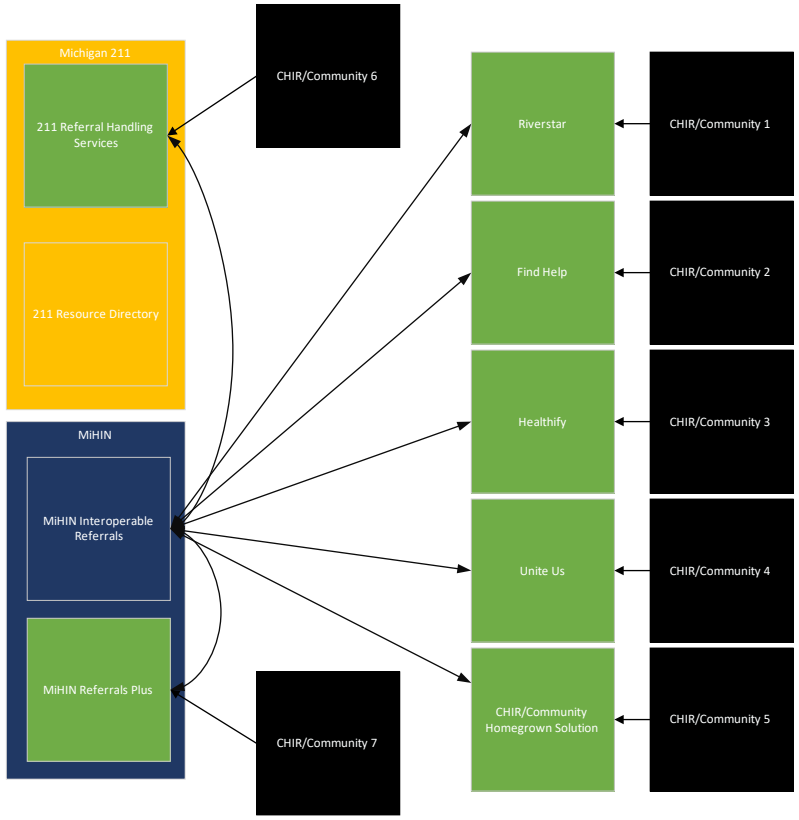
1. Everything Stays Disparate



2. Single Vendor

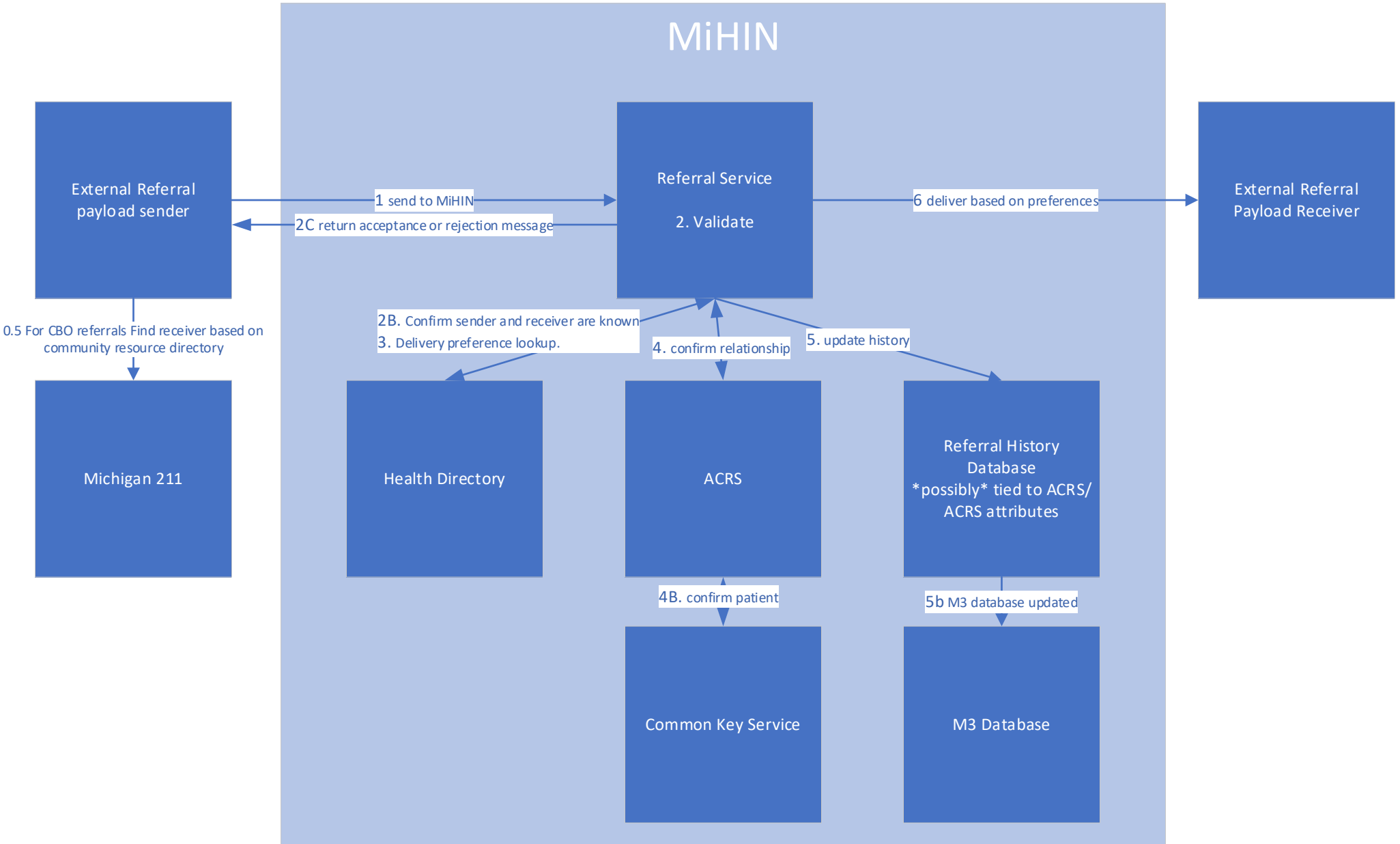


3. Interoperable Referrals



Interoperable Referrals

Scenario: Cross-Platform Interoperable Referral Initiation or Update When Receiver is Predefined



Referral Interoperable Standards

HL7 v2 Message

https://v2plus.hl7.org/2021Jan/composition/Patient-Referral.html

IHE 360x (HL7 v2 over DSM)
https://oncprojectracking.healthit.gov/wiki/display/TechLab360X/360X+Home

HL7 FHIR

https://hl7.org/fhir/R4/servicerequest.html or
https://hl7.org/fhir/STU3/referralrequest.html

Others?

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HL7 v2 and HL7 FHIR Comparison

HL7 v2

- Requires a developer that specializes in healthcare standards
- Most commonly exchanged via Minimum Lower Layer Protocol over a Virtual Private Network (MLLP over VPN) that must be setup in advance
- Concise
- Inflexible on where data goes and what data can be provided without z-segments
- Existing EHR implementations vary value sets used

HL7 FHIR

- Uses internet standards and while healthcare developer is preferred, a regular developer could read the specification and implement
- Exchanged through standard REST interface mirroring web design
- Long form but greater granularity
- Flexibility to add additional data elements
- Value sets are explicit

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Social Referrals

If you had to choose between the following, which would you prefer and why?

1. Closed loop referral with ability to report on referrals made/accepted/fulfilled
2. Flexibility to make referrals via phone but you lose closed loop and reporting ability
3. System is designed to redirect social needs to a specialized social care manager, and you don't need to initiate a referral

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The Interoperability Pledge

- Pledge and Letter of Intent to support Interoperable Referrals

- Social referral vendor community of practice
  - Began meeting weekly in July
  - Charter

High-Level Strategy:

Agile, evolving, flexible:

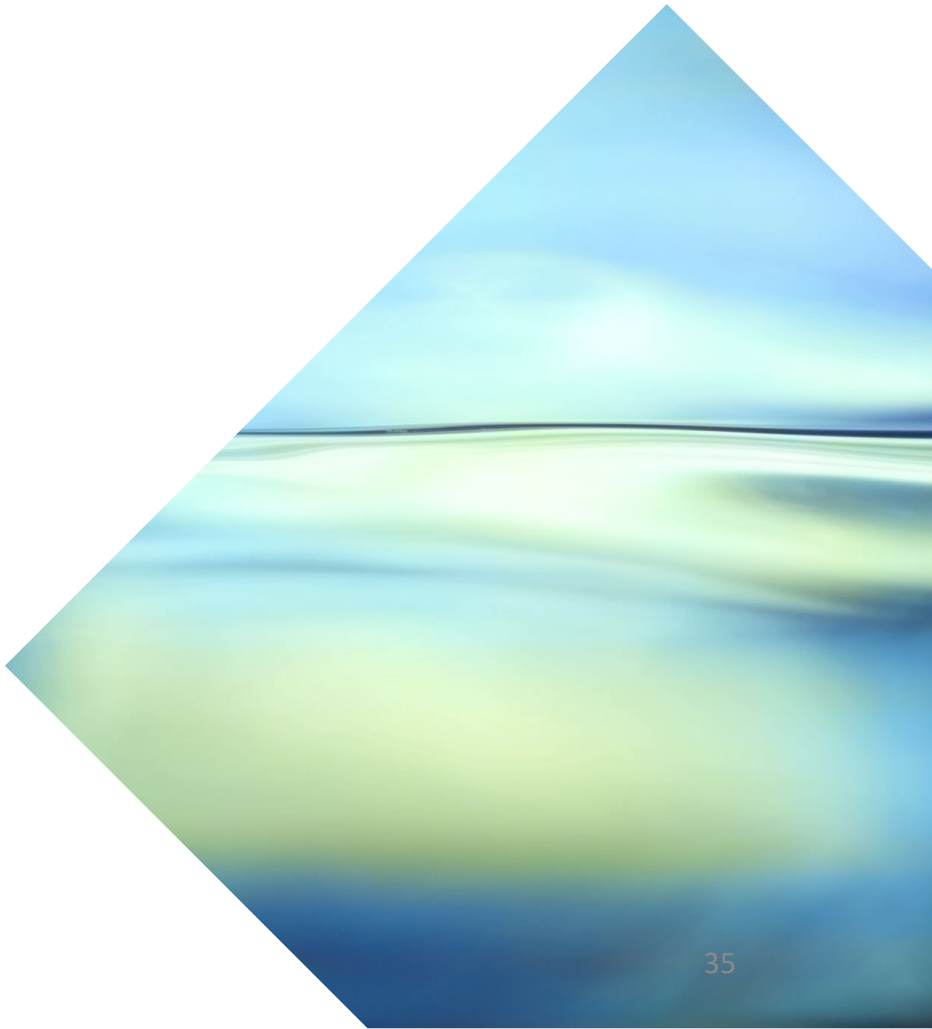
- Aligning with the current state of the local environment – understand what is in place currently
- Balancing state, multistate, national (standards)
- Recognizing that foundational elements of data governance, equality across sectors, and trust must evolve to allow effective data sharing to occur
- Proactive planning to achieve outcomes that promote equitable health of citizens

Working in stages:

- Health care use case now - capacity exists at present for some data capture
- Developing more comprehensive plan for work with communities now - to build capacity, trust, and co-develop approach
- Community use case next - represents 80% of the work of building cross-sector care support to promote health equity

Vendor engagement:

- 'Interoperability Pledge' for community referral vendors
- single sourced resource directory (211 as an example)
- Vendors are technology suppliers BUT NOT full solutions



Additional Resources

For all support issues: https://mihin.org/requesthelp/
Legal onboarding: legal@mihin.org
For more information: https://mihin.org/

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Thank you!

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