Referrals 101

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This meeting will be recorded
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”
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 Exchange

- Ortho
- Food Bank
- Behavioral Health

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Referral

“I am sending this patient to you”
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”
MiHIN ReferralsPlus™

- Celebrating 11 years of referral management!
- One of larger Closed Loop Referral systems in the nation
- Over 1 million 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
ReferralsPlus™
ReferralsPlus™ Key Components

Demographics
- Patient name
- DOB
- Phone
- Address
- Insurance

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

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

Up-to-date Information
- Relevant attachments
- Real time messaging
- Up-to-date referral status
- Providers view same data
ReferralsPlus™ Benefits

- Real-Time Status Changes
- Easily Identifies Urgent Referrals
- Increases Accountability
- Efficiently Manage Referrals
- Statewide Referral Network

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

- Convenient and Configurable E-Mail Alerts
- Time Stamped Messaging
- Seamless Tracking
- Secure and HIPAA Compliant
ReferralsPlus™ *NEW* Reporting

Top Referral Practices by # Complete
- Tenant: Michigan Health Information Network
- Referring Practice: [Data]

Top Referring Practices by # Declines
- Tenant: Michigan Health Information Network
- Referring Practice: [Data]

Top Referring Providers by # Declines
- Tenant: Michigan Health Information Network
- Referring Provider: [Data]

# Referrals by Age Bin
- Referrals
- # Referrals Completed
- # Referrals Declined

Workflow Days
- Avg Days to Schedule
- Avg Days to Accept
- Avg Days to Complete
- Days from Accept to Appointment

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Social Referrals
Gravity Project:
Developing standards to support care sector coordination

Conceptual Framework

GOAL: data-level interoperability by enabling electronic documentation and exchange of SDOH data among all relevant users of data.
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?
Screening is a Primary Entry Point for Technology Solutions
Health and Wellness: more than just medical care
Coordination Platform Vendors active in Michigan
Closed Loop Referrals and Interoperability
The Actor Groups

- CHIRs/Communities
- Social Service Referral Vendors
- MI 211
- MiHIN
Crude Ecosystem Representation

[Diagram showing various ecosystem components and their connections]

- Michigan 211
- 211 Referral Handling Services
- 211 Resource Directory
- MiHIN
- MiHIN Interoperable Referrals
- MiHIN Referrals Plus
- CHIR/Community 1
- CHIR/Community 2
- CHIR/Community 3
- CHIR/Community 4
- CHIR/Community 5
- CHIR/Community 6
- CHIR/Community 7
- Unite Us
- Healthify
- Find Help
- RiverStar
- CHIR/Community Homegrown Solution
Three Main Paths

1. Everything Stays Disparate
   - Michigan 211
   - 211 Referral Handling Services
   - Michigan 211 Resource Directory
   - Michigan 211 Referral Handling Services
   - MiHIN Interoperable Referrals
   - MiHIN Referrals Plus
   - Unite Us
   - Find Help
   - Healthify
   - Riverstar
   - CHIR/Community 1
   - CHIR/Community 2
   - CHIR/Community 3
   - CHIR/Community 4
   - CHIR/Community 5
   - CHIR/Community 6
   - CHIR/Community 7

2. Single Vendor
   - One Vendor
   - Michigan 211
   - 211 Referral Handling Services
   - Michigan 211 Resource Directory
   - Michigan 211 Referral Handling Services
   - MiHIN Interoperable Referrals
   - MiHIN Referrals Plus
   - Unite Us
   - Find Help
   - Healthify
   - Riverstar
   - CHIR/Community 1
   - CHIR/Community 2
   - CHIR/Community 3
   - CHIR/Community 4
   - CHIR/Community 5
   - CHIR/Community 6
   - CHIR/Community 7

3. Interoperable Referrals
   - Michigan 211
   - 211 Referral Handling Services
   - Michigan 211 Resource Directory
   - Michigan 211 Referral Handling Services
   - MiHIN Interoperable Referrals
   - MiHIN Referrals Plus
   - Unite Us
   - Find Help
   - Healthify
   - Riverstar
   - CHIR/Community 1
   - CHIR/Community 2
   - CHIR/Community 3
   - CHIR/Community 4
   - CHIR/Community 5
   - CHIR/Community 6
   - CHIR/Community 7
Interoperable Referrals

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

1. send to MiHIN
2. Validate
3. Delivery preference lookup.
4. confirm relationship
5. update history
6. deliver based on preferences.

0.5 For CBO referrals Find receiver based on community resource directory

External Referral payload sender

Michigan 211

Health Directory

ACRS

Referral History Database
*possibly* tied to ACRS/ACRS attributes

Common Key Service

M3 Database

Referral Service

External Referral Payload Receiver
Referral Interoperable Standards

HL7 v2 Message
https://v2plus.hl7.org/2021Jan/composition/Patient-Referral.html

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

HL7 FHIR
https://hl7.org/fhir/R4/servicerequest.html or

Others?
# HL7 v2 and HL7 FHIR Comparison

<table>
<thead>
<tr>
<th>HL7 v2</th>
<th>HL7 FHIR</th>
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<tbody>
<tr>
<td>Requires a developer that specializes in healthcare standards</td>
<td>Uses internet standards and while healthcare developer is preferred, a regular developer could read the specification and implement</td>
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<tr>
<td>Most commonly exchanged via Minimum Lower Layer Protocol over a Virtual Private Network (MLLP over VPN) that must be setup in advance</td>
<td>Exchanged through standard REST interface mirroring web design</td>
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<tr>
<td>Concise</td>
<td>Long form but greater granularity</td>
</tr>
<tr>
<td>Inflexible on where data goes and what data can be provided without z-segments</td>
<td>Flexibility to add additional data elements</td>
</tr>
<tr>
<td>Existing EHR implementations vary value sets used</td>
<td>Value sets are explicit</td>
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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
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/
Thank you!

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