



## Referrals 101

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This meeting will be recorded



# AGENDA

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01

Referrals and “The Loop”

02

ReferralsPlus™

03

Social Referrals

04

Closed Loop Referrals and Interoperability

05

Our Strategy



A dark, blue-tinted photograph of a workspace. In the foreground, a wooden desk holds a laptop, a pair of glasses, a glass of water, and some papers. In the background, a person is sitting at the desk, their hands resting on their arms. The overall atmosphere is professional and focused.

# 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

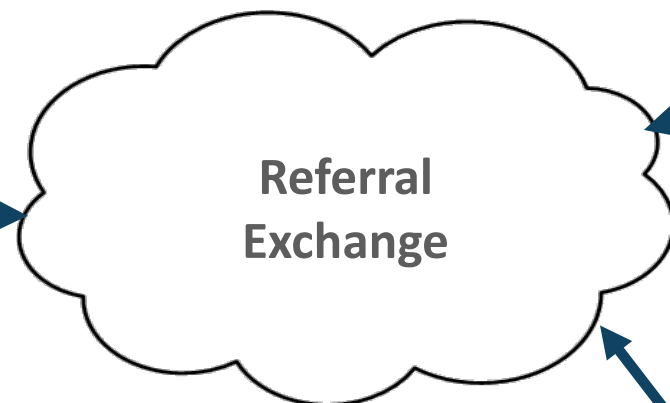
Andrea has a patient who is anxious, twisted her ankle and needs food

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.



Ortho



Behavioral Health



Food Bank

# 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"



A dark, blue-tinted photograph of a workspace. In the foreground, a desk is cluttered with various items: a laptop on the right, a pair of glasses in the center, a glass of water, a small jar, and several papers and notebooks. In the background, the arms and hands of people are visible, suggesting a collaborative work environment. The overall mood is professional and focused.

**ReferralsPlus™**



# MiHIN ReferralsPlus™

The screenshot shows the MiHIN ReferralsPlus interface. On the left, there's a sidebar with 'New Referral' and 'All Referrals' tabs. Below these are filters for 'Unassigned', 'Urgent', 'Patient Not Notified', 'Messages', and 'Attachments'. The main area displays a list of referrals. The top referral is 'Test, Cinderella - 45 y/o - Female' dated 04/01/1975, with a status of 'SCHEDULED'. Below this, there's a section for 'Tuesday February 18, 2020' showing a 'Referral questionnaire' and a 'Scheduled appointment for: Thursday, March 12, 2020 4:15 PM'. The right sidebar shows 'Attachments' and 'Activity Timeline' with events like 'Referral Created', 'Accepted', and 'Scheduled'.

- 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™

The screenshot displays the ReferralsPlus™ interface. On the left, a sidebar contains 'WORKLISTS' (Archived, My Watch List, Drafts, New Activity) and 'FILTERS' (Unassigned, Urgent, Patient Not Notified, Messages, Attachments). The main area shows a list of referrals with columns for patient name, age, gender, date, and status. The selected referral is 'Test, Cinderella - 45 y/o - F', dated 03/09/20, with status 'SCHEDULED'. The detailed view on the right shows the patient's information, a timeline of events (Referral Created, Accepted, Scheduled), and a list of attachments (Referral questionnaire). The timeline shows the referral was created by Bryan Bullock on 2/16/2020, accepted by Tracy Webb on 3/9/2020, and scheduled by Tracy Webb on 3/9/2020. The attachments section shows a 'Referral questionnaire' attachment.

# ReferralsPlus™ Key Components

## Demographics

- Patient name
- DOB
- Phone
- Address
- Insurance

## Pertinent Information

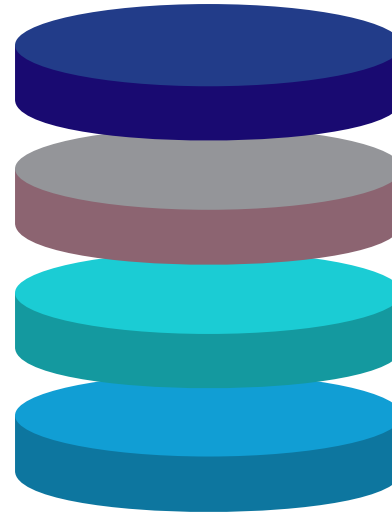
- Reason and type of requested care
- Questions tailored to the receiving location
- Relevant and Required Answers

## 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





# ReferralsPlus™ Benefits

Real-Time Status Changes

Easily Identifies Urgent Referrals

Increases Accountability

Efficiently Manage Referrals

Statewide Referral Network



Convenient and  
Configurable E-Mail Alerts

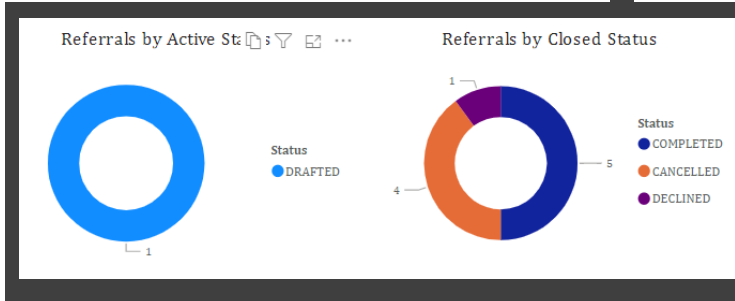
Time Stamped Messaging

Seamless Tracking

Secure and HIPAA  
Compliant

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

# ReferralsPlus™ \*NEW\* Reporting



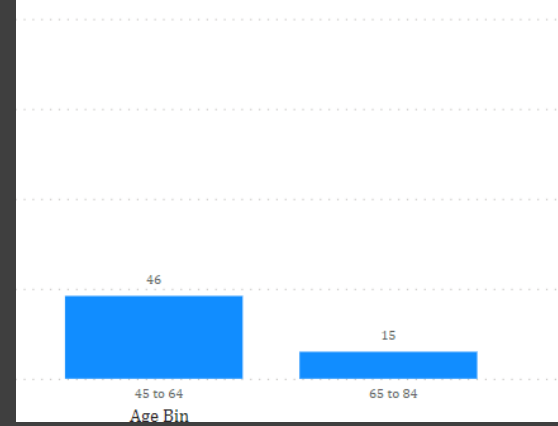
## Top Referred Practices by # Complete

Referred Practice	# Completed
Two Part Physical Therapy	24
Advent Physical Therapy	8
Midwest Physical Therapy	8
KCS North Children's Hospital at St. Joseph's West	7
Psychology Associates of Grand Rapids	5
West Michigan Regional Specialists	5

## Top Referred Providers by # Complete

Referred Specialty	# Completed
Congenital Heart Defects	7
Endocrinology	1
Gastroenterology	1
Female Pelvic Medicine	1

## # Referrals by Age Bin



36 # Scheduled 27 # Accepted 84 # Completed 8 # Declined 219 # Referrals

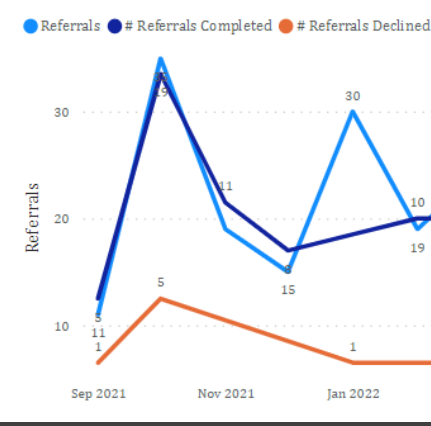
## Top Referring Practices by # Declines

Tenant	Referring Practice	# Declined
Michigan Health Information Network	Bladder & Pelvic Health	5
Michigan Health Information Network	Bladder & Pelvic Health	2
Michigan Health Information Network	Bladder & Pelvic Health	1

## Top Referring Providers by # Declines

Referring Provider	Referring Practice	# Declined
Veach, Mary	Bladder & Pelvic Health	2
Bollin-Richards, Brooke	Bladder & Pelvic Health	1
Brandt, Ruth	Bladder & Pelvic Health	1
Gary, Monica	Bladder & Pelvic Health	1
Hubbard, Robyn	Bladder & Pelvic Health	1
Mathis, Andola	Bladder & Pelvic Health	1
VanDeBurg, Anita	Bladder & Pelvic Health	1

## Referrals, # Referrals Completed and # Referrals Declined by Year and Month



Filters

Search

Filters on this page

Referral ID is (All)

Filters on all pages

Created Date Time 9/21/2021 - 9/20/2022

Is Active is 1

Practice is (All)

Referral Status is (All)

Referred Practice is (All)

Referred Provider is (All)

Referred Specialty is (All)

Referring Practice is (All)

Referring Provider is (All)

Referring Specialty is Bladder and Pelvic Health

Tenant is (All)

Updated Date Time is (All)

User

A dark, blue-tinted photograph of a workspace. In the foreground, a desk is cluttered with various items: a laptop on the right, a pair of glasses in the center, a glass of water on the left, and several papers and notebooks scattered around. A person's arm is visible on the left side of the frame, resting on the desk. The background is slightly out of focus, showing more of the workspace and possibly another person. The overall mood is professional and focused.

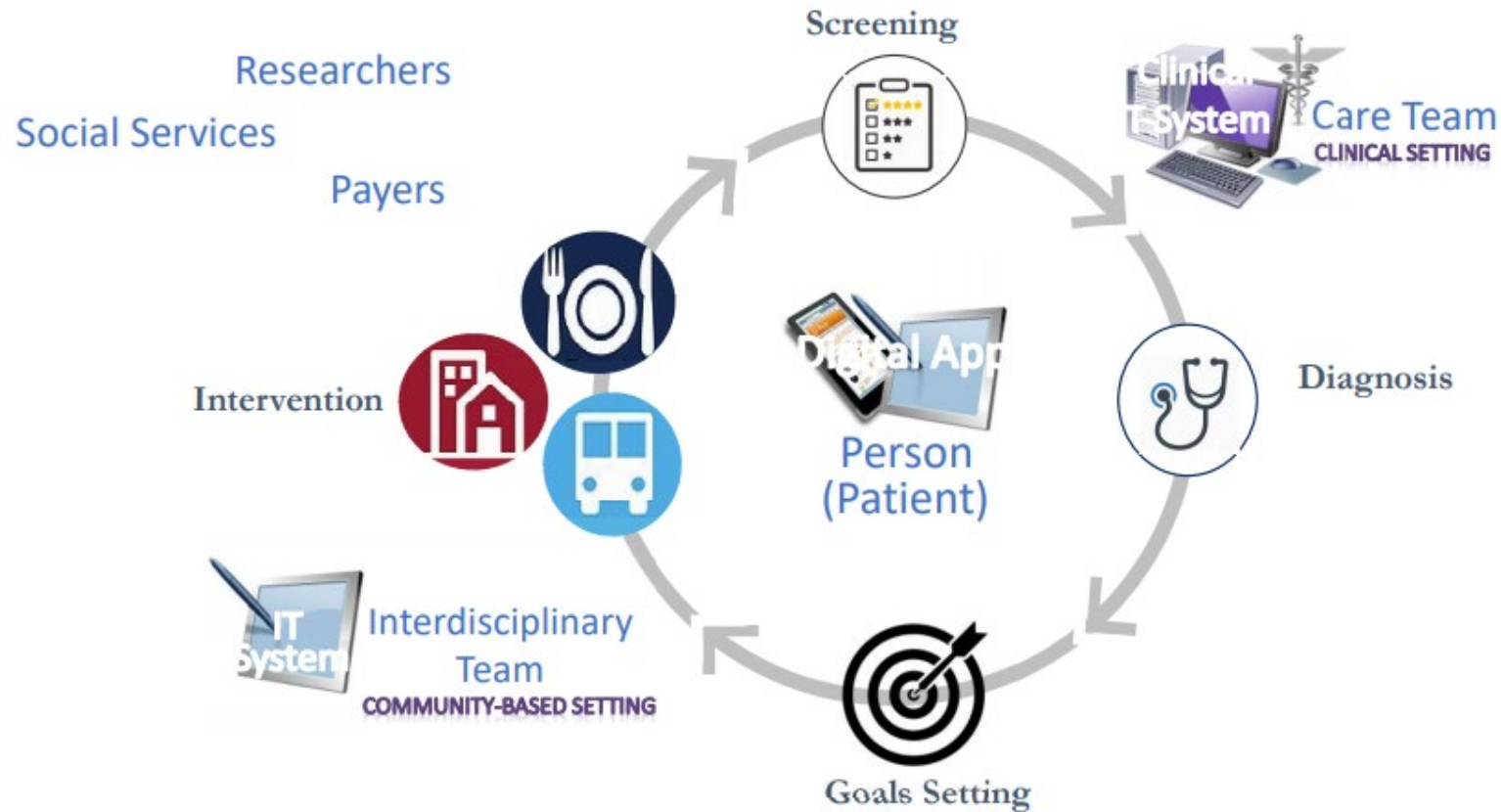
# Social Referrals



# *Gravity Project:*

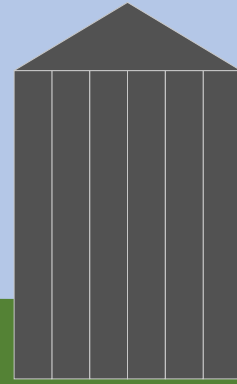
## *Developing standards to support care sector coordination*

### Conceptual Framework

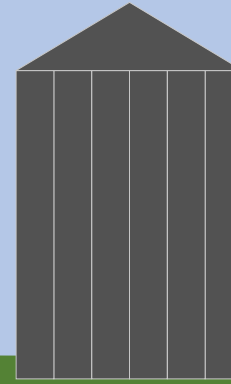


Source:  
Gravity Project

GOAL: **data-level interoperability** by enabling electronic documentation and exchange of SDOH data among all relevant users of data.



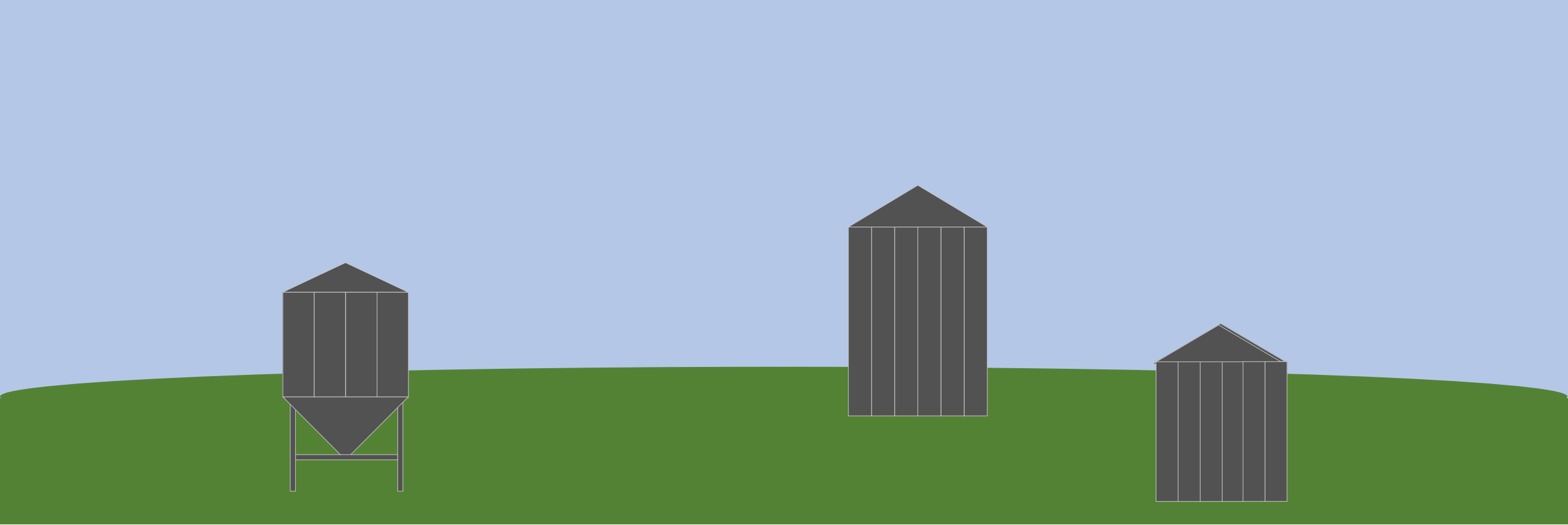
Health Care Data :  
How did we get here?



# 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

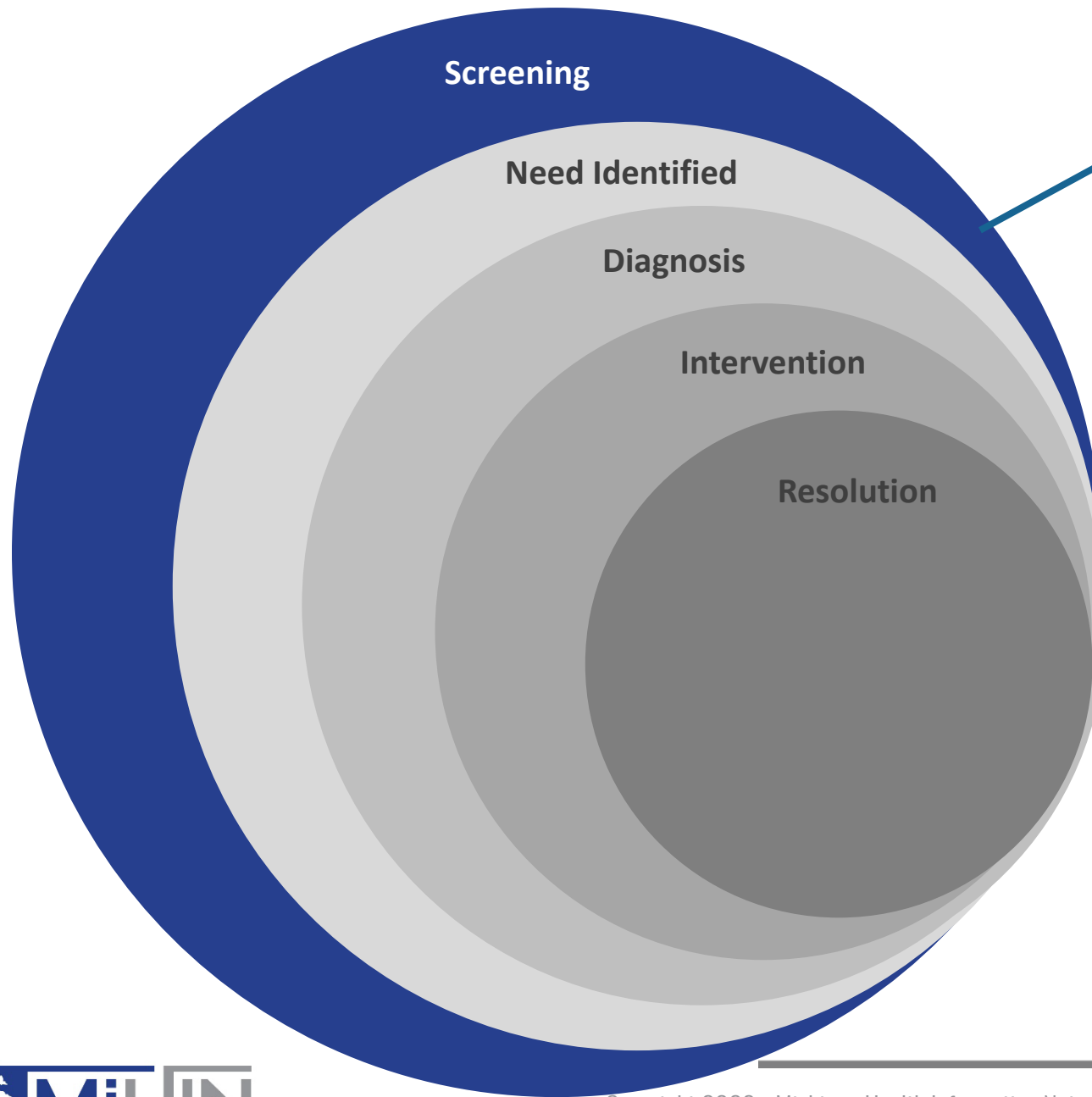


An aerial night view of a city skyline, likely New York City, with numerous skyscrapers and lights. Overlaid on the image is a network diagram consisting of blue curved lines connecting various nodes. A central semi-transparent rectangle contains the text. The word 'DISOLVE' is visible in large, faint letters in the background.

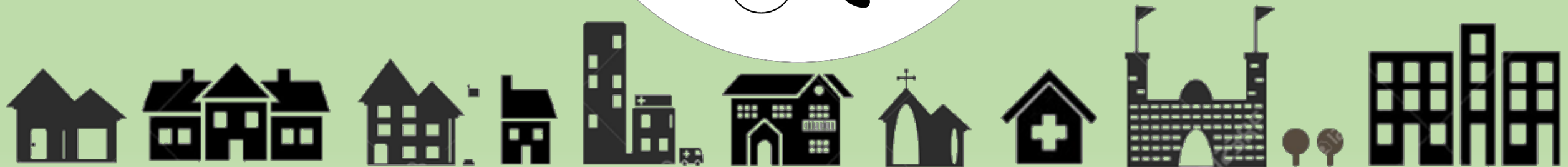
The infrastructure for exchange already exists but  
technology is not the current barrier

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

# Screening is a Primary Entry Point for Technology Solutions



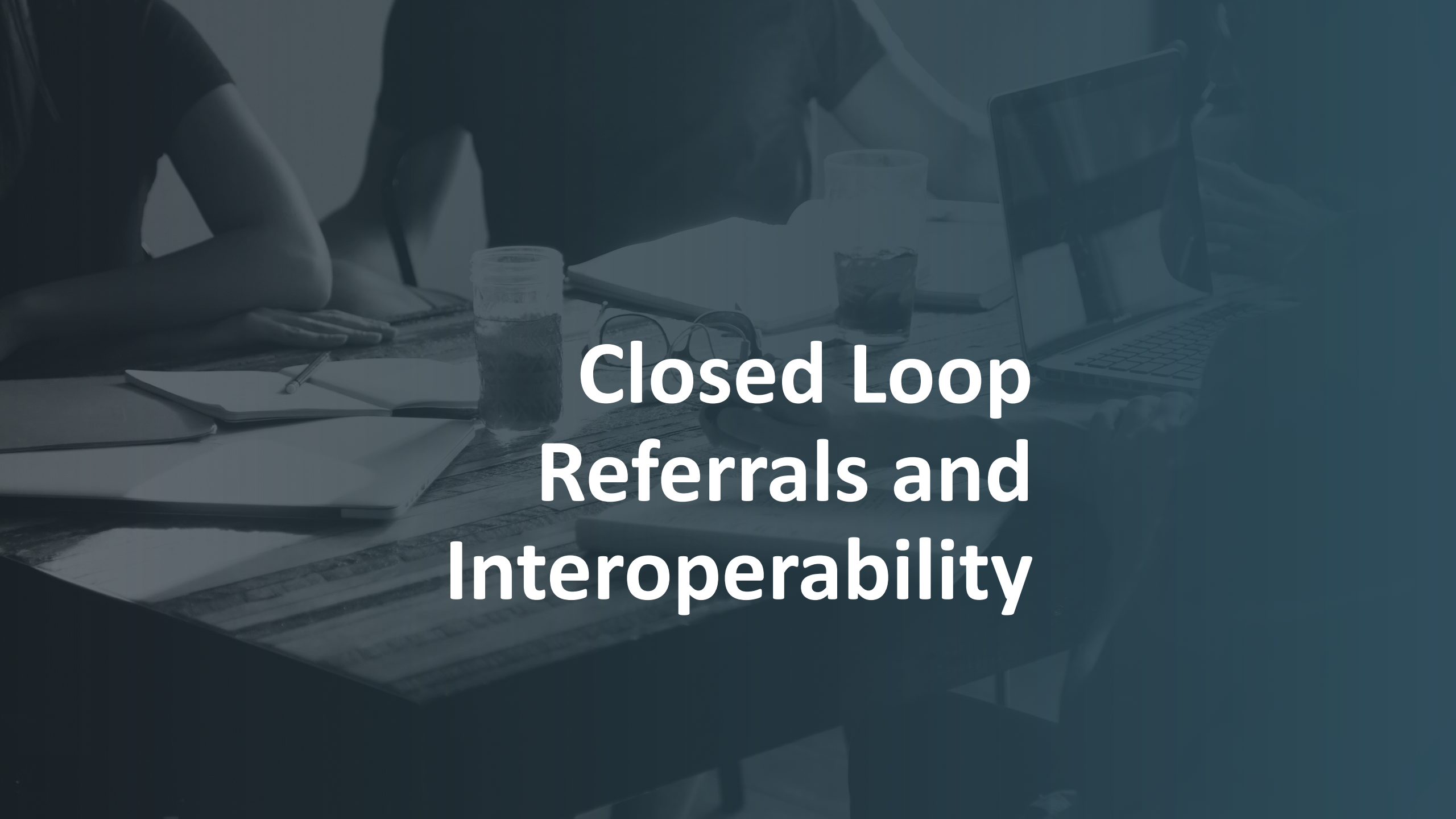
# Health and Wellness: more than just medical care





# Coordination Platform Vendors active in Michigan





# Closed Loop Referrals and Interoperability

# The Actor Groups

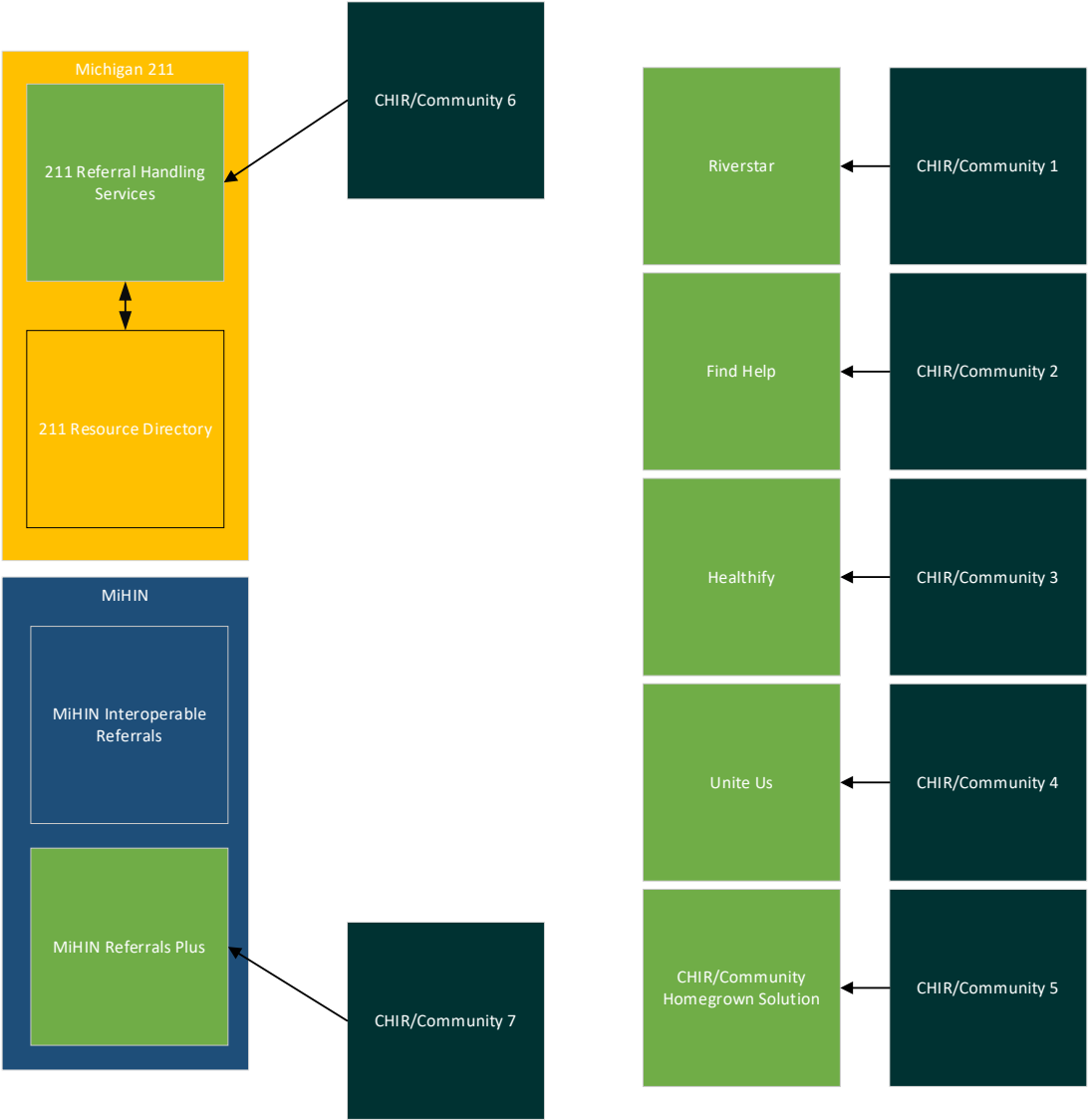
CHIRs/Communities

Social Service Referral  
Vendors

MI 211

MiHIN

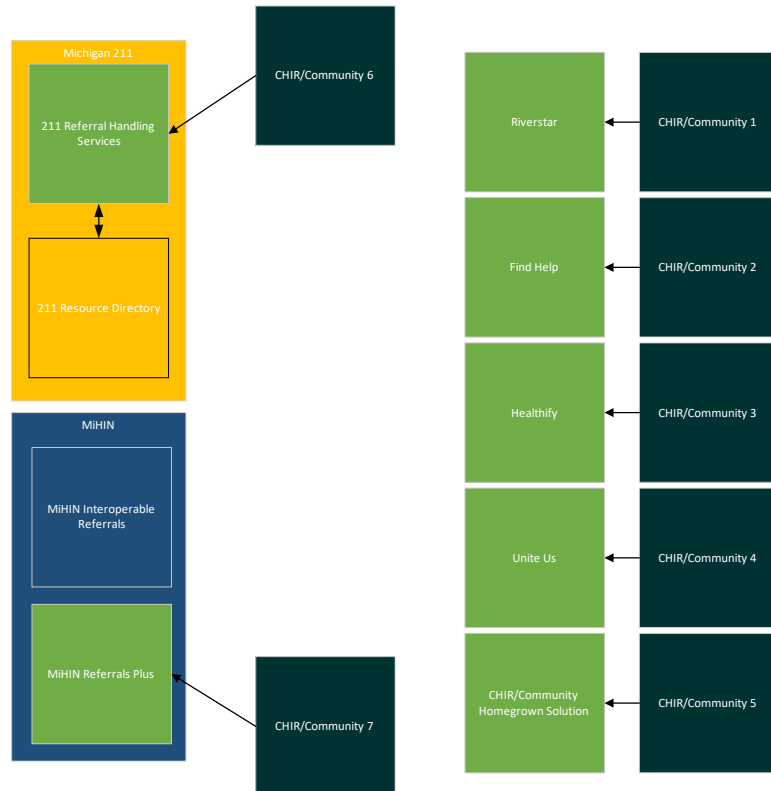
# Crude Ecosystem Representation



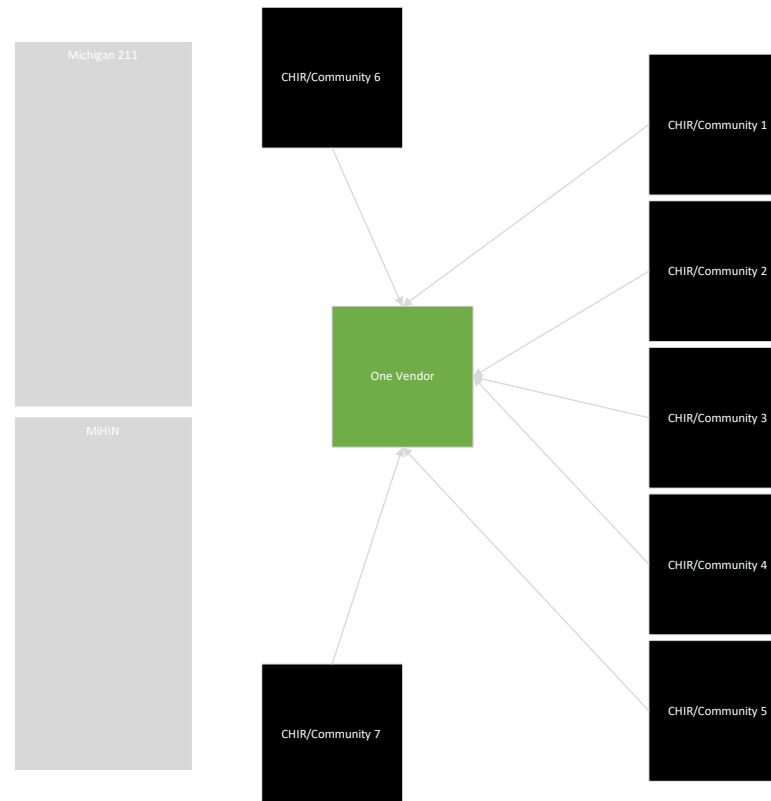


# Three Main Paths

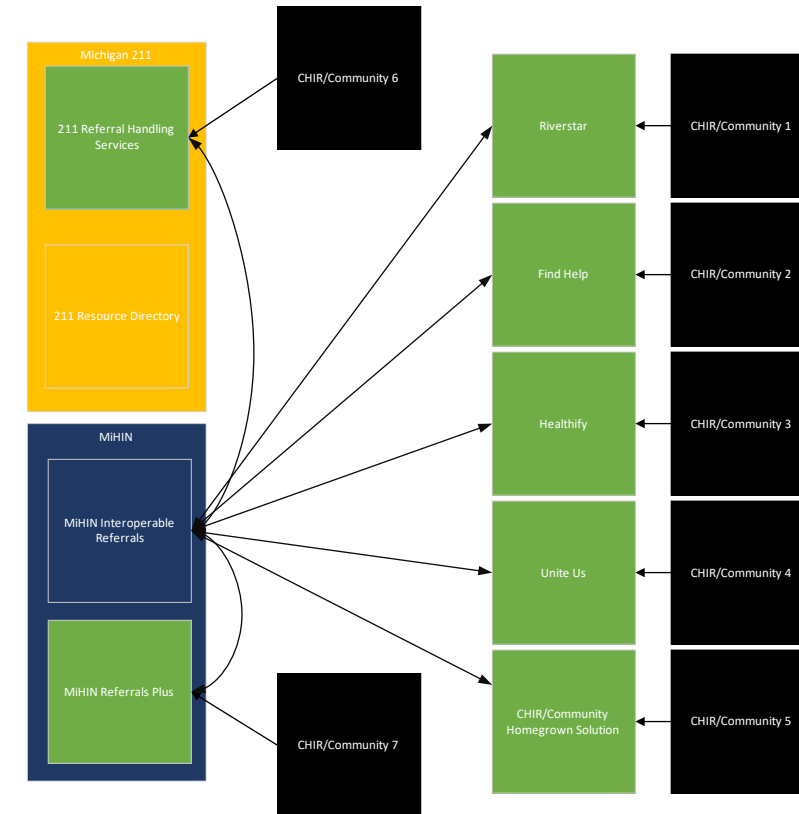
## 1. Everything Stays Disparate



## 2. Single Vendor

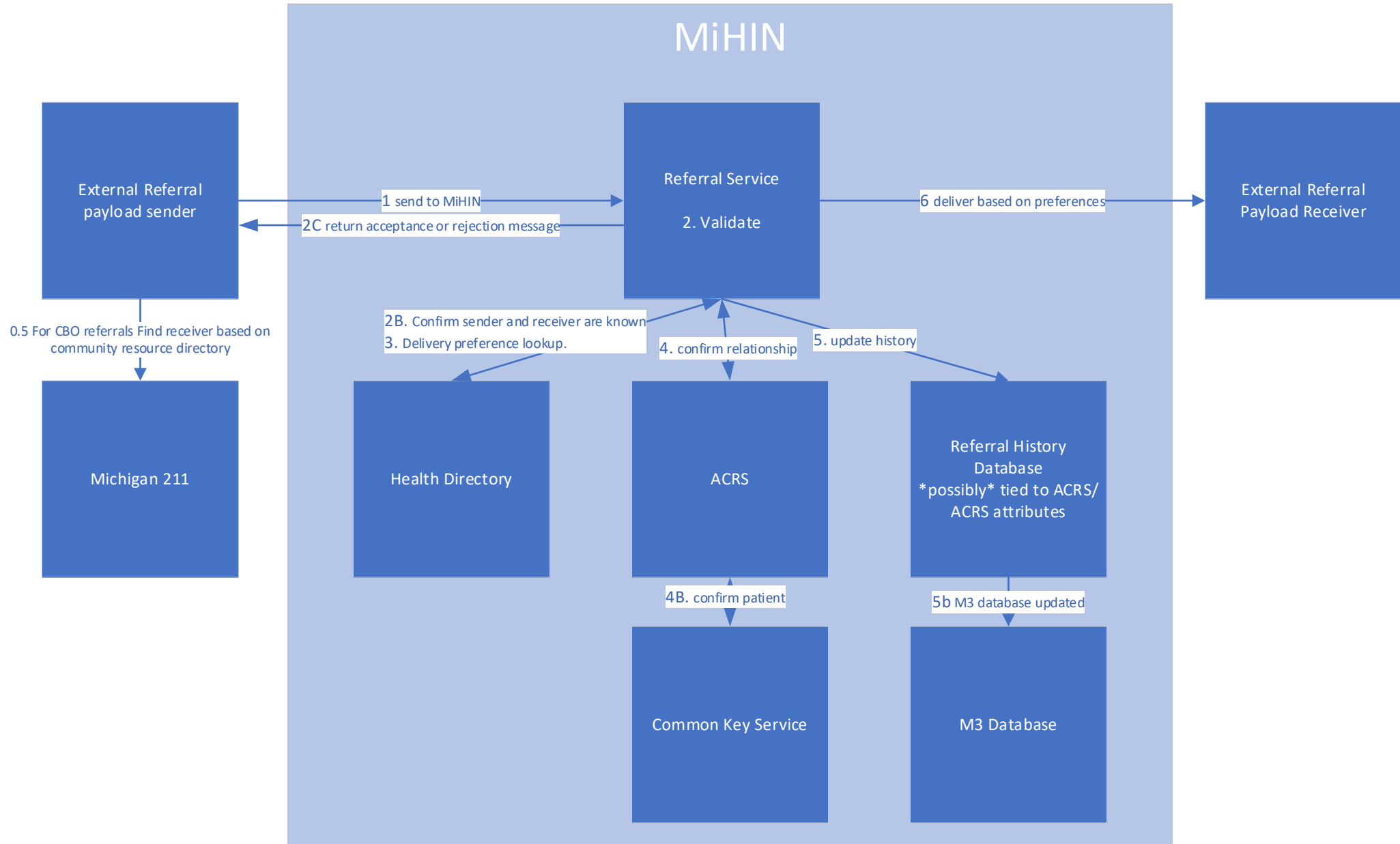


## 3. Interoperable Referrals



# 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://oncprojecttracking.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?

# 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

## 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:

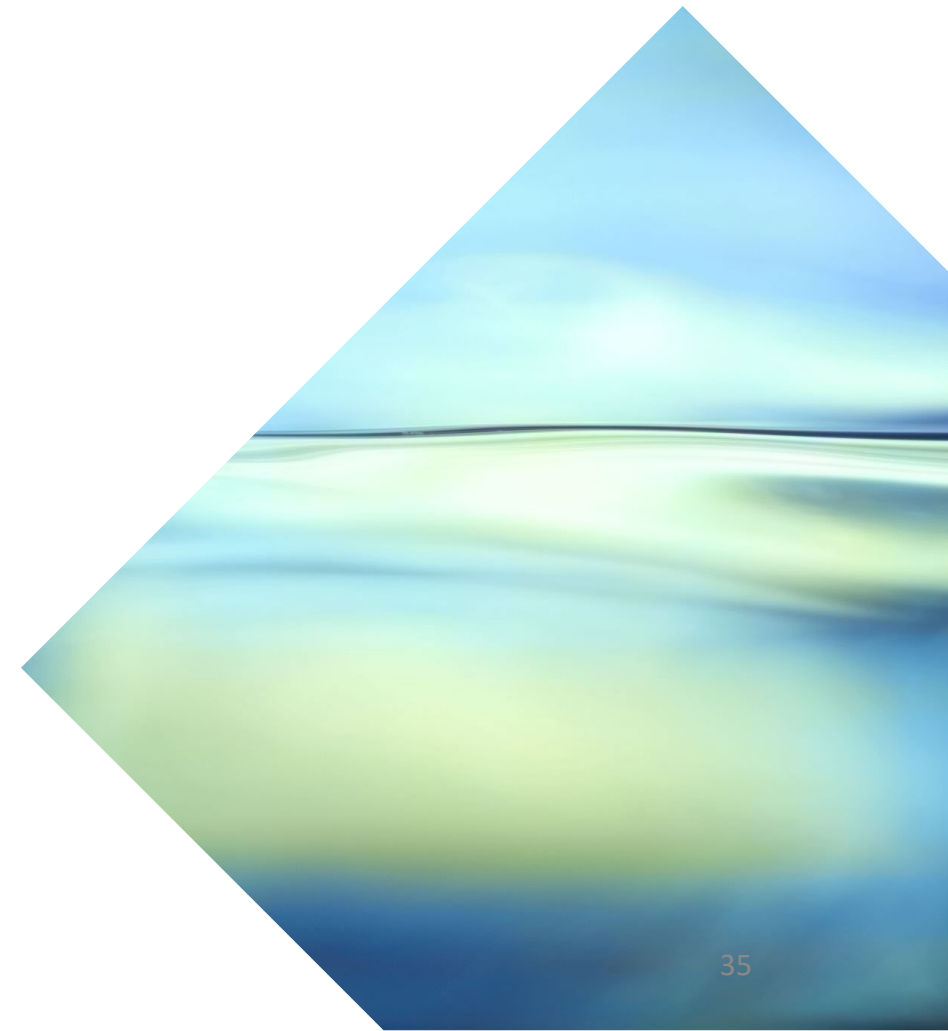
- Aligning with the current state of the local environment – understand what is in place currently
- Balancing state, multistate, national (standards)
- Recognizing that foundational elements of data governance, equality across sectors, and trust must evolve to allow effective data sharing to occur
- 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](mailto:legal@mihin.org)

For more information: <https://mihin.org/>



Thank you!

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