Minnesota Social Needs e-Referral Stakeholder Engagement Project: Insight and Themes

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Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Blue Cross Blue Shield of Minnesota and Allina Health engaged Stratis Health and Collective Action Lab to support them in engaging with stakeholders from a variety of perspectives. The goal was to gauge interest in a common approach and shared platform for electronic referrals across Minnesota to connect clients/customers/patients/people served with community resources and supports, such as food, transportation, job opportunities, and housing supports.

We structured our stakeholder engagement around the following principles:
- Supporting social needs is an essential element in assuring equity and reducing health disparities, so our work will be done using an equity lens.
- Authentic community engagement and leadership are necessary for success, leading us toward community-led processes and solutions.
- The process and recommendations will be relevant statewide, inclusive of urban and rural needs, preferences, and considerations.
- Cross-sector communication and collaboration are imperative to pave the way to action.

We identified and engaged stakeholders across the state based on diverse attributes, including geography, service type, target audience served, robust versus insufficient resourcing. We intentionally sought a breadth and depth of community-based voices, given the number, diversity, range, and more limited coordination across such organizations. In all, we interviewed more than 80 organizations, predominantly community-based direct service organizations and healthcare organizations, but also health plans, state agencies, associations, networks, public health, and technology vendors.

Section A: Insight and Themes from Stakeholders

We synthesized the results and insight from more than 80 stakeholder interviews and organized them around eight themes:
- Diversity and Burden of Current Approaches
- Interest in and Benefits of Common Referral Platform
- Support of Community Organizations
- End User Needs
- Desired Platform Attributes
- Integration and Interface with Other Systems
- Trust and Trustworthiness
- Cultural Responsiveness

Diversity and Burden of Current Approaches

- A diversity of approaches to make referrals for needed resources and support exists across healthcare and community-based stakeholders.
- Electronic platforms are used by about half of stakeholders, with more healthcare organizations using them than community-based organizations. E-referral platforms most used include Aunt Bertha and Now Pow and in-person connections. Many organizations also use local resource directories such as United Way 211, MinnesotaHelp.info, Disability HUB MN, or their own self-maintained directory. Regardless of the method, referral effectiveness is inherently relationship-based.
- Few stakeholders had strong loyalty to any one vendor even though stakeholders had different platform experiences. They valued ease of access, simplicity, and common standards over any one vendor. Healthcare organizations are generally committed to vendors that can successfully interface and/or integrate with their electronic health record systems. Some healthcare organizations are currently contractually committed to an e-referral vendor.
- Administrative burden is high across both community and healthcare stakeholders. The administrative burden associated with multiple referral approaches and electronic platforms is a common complaint among community-based organizations. Healthcare organizations often need multiple referral processes because the most common services required are not integrated on one platform. Currently, no single platform can be relied on to be comprehensive or accurate. One common platform could reduce burden, increase use, and trust in platform accuracy.

Interest in and Benefits of Common Referral Platform

- There is high interest across a diversity of organizations for a co-created, standard approach. A common approach to electronic referrals for resources and supports is generally seen as a good idea that stakeholders are genuinely interested in co-creating, although a variation of need exists for stakeholders. To maximize uptake, the co-creation process should be transparent and centered on community-based organization's needs and ease of use for end-users, ultimately resulting in using a shared technology platform.
- A common, statewide approach could leverage multiple goals, including increasing negotiation and purchasing power for a platform that meets a diversity of needs, improving information

accuracy and system functionality, and alleviating information sharing concerns due to everyone using a universal approach and standards.

- Hesitancy exists regarding the complexity and feasibility of such an undertaking. In particular, making sure it is centered on and supports community-based organizational capabilities and contributions while concurrently being efficient and integrated for healthcare organizations and meeting the needs of the end-users—people who need resources and support. There is also some fatigue around electronic referral pilots, and people want to make sure the process will produce a valuable outcome. In addition, some stakeholders offer care and services outside of Minnesota and want an approach and platform which works across borders.

- Upfront cost/benefit analysis and sustainability are important to clarify a shared platform's goals and value and show how the platform can mutually benefit end-users, community-based organizations, healthcare organizations, payers, and state agencies. Being transparent and realistic at the outset about the actual costs of creating and maintaining a shared platform and who is bearing the costs is critical.

- A common electronic referral platform could provide a forum for relationship building and advance other goals and partnerships. For example, a shared platform could be a catalyst for relationship building and partnership across referring organizations, especially between healthcare and community organizations, e.g., shared education, quality standards, diversity equity, and inclusion (DEI) goals.

Support of Community Organizations

- Design the system for maximum uptake by building participation incentives to support community organizations. The platform will only be as good as the information and participants in it, so build in incentives for community organizations to participate in and use the platform and help manage the administrative costs of the platform and increased referrals. For example, incentives might be structured as payment for meeting referral thresholds to help resource additional staff. Still, they should not be on a per-person basis to avoid "pricing" people. Organizations should also be incented to maintain the accuracy of their information. Additionally, the platform should not foster competition or gatekeeping.

- Full access with no charge for participating community-based organizations is key. There should be no cost for community-based organizations that receive or make referrals or for access to information about referral follow-up or other platform data.

- Reward community-based organizations for improving outcomes. Successful referrals to needed resources and supports improve the health and well-being of health system patients and health plan enrollees. However, plans and health systems are rewarded when community-based referrals improve health, yet community organizations providing the services are not. In fact, they experience an increased administrative burden. Experiment with rewarding community-based organizations for improved health outcomes (e.g., design and conduct a demonstration project that creates a shared savings pool and allocates a portion of shared health care savings to referred community organizations).

- Engage and support champions to help ensure that community organizations have the technical knowledge to participate effectively and bring like-organizations into the platform, e.g., culturally responsive and rural organizations engaging like-organizations.

End User Needs

- Test and ensure that the referral platform is designed around and meets the end user's needs—people receiving referrals to needed services and resources.
- Explore ways for people to directly use the platform to access services (web-based and/or smartphone app) and make sure it is easy—noting that there is at least one such app-based option being developed in the Minnesota market.
- Make sure end-users with lived experience in receiving referrals are part of the co-creation process.

Desired Platform Attributes

- System access and ease are critical and should not be too technically complex for smaller organizations; the platform should also foster quick turnaround on referrals and follow-up data.
- Assure language, readability, and other accessibility elements.
- Do not be too restrictive on which fields need to be completed to facilitate a referral. For example, allow for open fields when referrers do not have complete information.
- Integration with current systems is essential. For healthcare organizations, this means being seamlessly part of their electronic health record (EHR) systems.
- Human interaction accompanies the technical components. The platform won't work as a stand-alone technological approach because referrals are relational in nature. Build in human interaction and intervention elements, including "warm referrals."
- Bi-directionality and closed-loop referrals are critical for success and are needed on all sides of the referring and risk mitigation equation. It is critical that all parties can access the platform to understand what referrals were made and what happened after the referral. It should not cost community organizations to access such information.
- Create a platform experience that feels like a respectful, trusted, one-stop-shop-referral center, can be accessed from any participating organization, feels familiar and connected to the end user's relationships, limits the number of times a person has to "tell their story," utilizes trusted community members and organizations as conduits of referrals, and fosters warm hands-offs.
- Relationship builder—design the platform to catalyze referral organization coalition and relationship building at local and regional levels across Minnesota.
- Recognize and incorporate trusted referral sources of all sizes, geographies, and cultures to ensure statewide, culturally responsive referrals and service access. Invest in identifying and including referral resources and supports that may be smaller, non-dominant cultural resources and isolated, rural resources (in some cases, this may even be trusted community individuals and/or cultural healers rather than organizations).
- Embed training, onboarding, and ongoing technical assistance. Use multiple vehicles for training, support, and trust-building, including video training, web-based guides, hands-on-in-person training, and real-time technical assistance.

Integration and Interface with Other Systems

- Healthcare organizations value effective interface (or complete integration) with existing electronic health record systems such as EPIC and the use of interoperability standards and APIs and interfaces, including connection to national health information exchange (HIE) networks.
- Many community-based respondents want the platform to effectively interface with yet not fully integrate with or replace their client management systems. This might be accomplished by email notifications that alert community-based organizations to engage with the platform without fully integrating it into their systems.
- Interface with (but don't replace) current case management software/systems.
- Integrate and marry efforts with other HIE efforts and partnerships in Minnesota.

Trust and Trustworthiness

- Information accuracy of the shared platform will be critical to platform success as it fosters trust and use. Therefore, update the information regularly and explore open access to referring organizations to review and revise their data to ensure accuracy and cultural sensitivities.
- Privacy and clarity of information access are essential to ensure trust in the system. Transparency about who has access to data and strong walls that prevent access by outside groups or agencies is important for community organizations to use the platform (e.g., no ICE access). In addition, compliance with Minnesota and federal data privacy laws needs to be a platform requirement.
- Transparency of process. It should be clear to patients and clients that they can consent or refuse referrals. When a referral is being made, it should be communicated to the patient or client that the information will be seen and may be followed up by other providers engaged in the person's care and support. There should be an express approval process before entering a referral in the common platform (this will also assist with HIPAA issues) and an easy opt-out button for those who do not want to be followed.

Cultural Responsiveness

- Accurately match cultural needs with responsive services--recognize community organizations' language and cultural attributes so that people from one culture are not referred to services from another culture (especially where there are language differences). For example, the platform must be able to record and recognize patient or client names in ways that are different from dominant culture approaches (e.g., use of two last names).
- Include culturally meaningful services, supports, and resources that resonate with community members (e.g., cultural healers, cultural foods, community health workers).
- Design and then test all aspects of the platform with culturally responsive, community-based, and healthcare organizations serving diverse patient populations.

Section B: Recommendations on Whether and How to Move Forward, Reflecting Stakeholder Considerations and Conditions

Nearly 90% of stakeholders interviewed responded that they were "Definitely," "Interested: Willing and Hopeful," or "Interested Willing and Cautious." In addition, stakeholders shared considerations in moving forward in pursuing a common approach and shared platform for electronic referrals for resources and support.

Co-creation Process and Conditions for Moving Forward

- Convene an initial set of key representatives to outline pre-conditions for launching a broader co-creation process. The initial set of key representatives should come from healthcare organizations, payers, and community-based organizations and/or their coalition representatives. The process and focus include:
  o Third-party, neutral facilitator and design approach
  o Transparency regarding who has organized and funded the process to date and who will do so in a co-creation phase, along with any associated rights/privileges
  o Guiding principles regarding public and private payer, health system, and community organization power-sharing and roles and responsibilities in the process
  o Analysis of learnings from other efforts and the actual costs and benefits of developing and adopting a common approach to electronic referrals—describe what has to happen for a common system to be better than what already exists and therefore worth the collective investment
  o Whether potential funders of a common platform could agree in advance to a business model in which community organizations' access to data is free, and they are reimbursed for platform participation, updating their information, and reaching certain referral thresholds.
- Articulate goals and parameters of co-design up front when launching a broader co-design process. This will enable potential participants to agree to participate, knowing that certain non-negotiables are already established.
- Use a trusted, neutral 3rd party facilitator to design and guide the broad convening process.
- Include end-users (people using resources and supports) with lived experience receiving referrals in the co-creation process with compensation for their time.
- Ensure that community-based organizations and end-user voices are heard and incorporated into the shared platform functionality and specifications; manage power dynamics via governance, roles, representation, and responsibilities (see below).
- Engage and pay community organizations for their time in co-creation and/or their intermediary(ies) to represent on their behalf (community organizations are not coordinated as a network or on the same playing field as healthcare systems)

Thank you for participating in the interview process!