This workshop was held at the 2017 Equal Justice Conference in Pittsburgh, Pennsylvania

Title:
Not Your Typical Referral List: Using Technology to Enhance Services Through Quality Referrals

Presenters:
Christopher Jackson, Center for Elder Rights Advocacy, Lansing, MI
Keith Morris, Center for Elder Rights Advocacy, Lansing, MI
Dawn Opel, J.D., Ph.D., Michigan State University, East Lansing, MI

Does this sound familiar? Your client needs services to resolve their issue, so you give them several phone numbers to appropriate agencies. Do these programs have any openings now? Does the client contact them? It would be helpful if there was a system to allow real-time updates to resource information and to facilitate secure electronic referrals. This workshop will look at the challenges and successes of building a secure, interconnected services and information framework in Michigan.
Not Your Typical Referral List: Using Technology to Enhance Services Through Quality Referrals

Presentation at the Equal Justice Conference
May 4, 2017
Overview of Presentation

- Introduction to Our Team
- Background/History of Project
- Components of the Project
- Opportunities
- Impact
Introduction: Researcher
Dawn Opel, J.D., Ph.D.

Assistant Professor,
Digital Media and User Experience
Michigan State University
College of Arts & Letters

Faculty Fellow,
Sparrow Health System/
MSU Center for Research and Innovation

Research Areas
• Improving patterns of clinical communication (MSU Clinical Center)
• Healthcare payment and service delivery reform
• Improving the user experience with healthcare IT (EMR/EHR)
• client experience and health literacy

opeldawn@msu.edu
Introduction: Project Manager
Keith L. Morris, J.D., M.P.A.

President, Elder Law of Michigan, Inc.
Director, Center for Elder Rights Advocacy

We are leaders in the design and development of systems that
• combat elder maltreatment and/or
• eliminate barriers that prevent vulnerable adults from accessing services they need.

We provide free legal advice, pension counseling, and benefit-application assistance to over 6,000 older adults every year.

kmorris@elderlawofmi.org
517-853-2385
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Communications & Fund Development Manager,
Elder Law of Michigan, Inc. & Center for Elder Rights Advocacy

We provide free legal advice, pension counseling, and benefit-application assistance to over 6,000 older adults every year.

cjackson@elderlawofmi.org
517-853-2366
Introduction to the Project

- Case Management/Coordination
  - Typical Scenario & challenges

- The Referral Process
  - Typical vs Connectz

- Connectz
Patient, Client, Friend, Family
Quick Background

- Evolved into a system with ongoing input
- Initial funding focused on using this to help potential elder abuse victims
- Actively identifying new partners to expand the service
- Vision is for every community organization to participate for free
Basic Principles that Drive the Project

<table>
<thead>
<tr>
<th>Legal Problems Don’t Happen in a Vacuum</th>
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<tbody>
<tr>
<td>Clients Often Present with a Symptom of a Larger Problem</td>
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<tr>
<td>Lack of Resources is Behind Half of the Symptoms</td>
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<tr>
<td>Lack of Knowledge is Behind the Other Half</td>
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<tr>
<td>Hierarchy of Needs will Affect Every Outcome</td>
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<tr>
<td>Person-Centered Legal Assistance Demands More than Advice</td>
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</tbody>
</table>
Key Findings that Drove the Development

- Referrals are not made because of lack of information about
  - What services are available
  - What organizations provide the services
  - What it takes to qualify for these services
  - Whether there is capacity to take another referral
  - What happened to the last referral

- There is not agreement on what a referral even is.

- For every two referrals given to a senior client, one of them will not be acted on.

- Less than half of the staff at a legal aid organization felt like they understood the services available for seniors

- Organizations are spending $$$$$$ to maintain their own referral lists
Key Findings that Drove the Development

- United Way's 2-1-1 verified accuracy of data annually and about 10% of the referrals made.

- Adult Protective Services workers are required to follow up with each referral to find out the status and spent up to 25% of their time doing so.

- Clients gave informed consent to share their information to access services.

- Clients don’t often identify their issues as legal issues.

- Providing screening tools to other professionals is an effective way to reach the clients that need our services the most.
A Typical Scenario
The Basic Problem
Your Unique Challenges

How does this align with your work?
The Typical Referral Process
The Connectz Process
Community Partners are the Key
Value of Connectz from a Former Legal Aid Attorney’s Perspective

- Addressing procedural concerns for care coordination to then change the culture of referrals.

- Time = Impossible to make and return phone calls needed to try and connect clients on their behalf.

- Time = Often difficult to trace communications between client and agencies to which they’ve been referred.

- Time and cost = Often no knowledge of who does what in the community due to turnover and funding shifts.

- Cost = Clients returning due to intertwined problem areas (legal, health, community = social determinants of health and wellness).
The Connectz.us System

- Screening
- Integrations
- Security
- Referral
- Coord. Quest.
- Data Management
Client needs community services.

Use Connectz to identify services and eligibility requirements.

After identifying all appropriate services, get the patient's permission to refer.

Submit the referrals in Connectz, which then notifies receiving agencies of the new referral.

Receiving agency updates Connectz with status of referral, and you are able to view this.

Receiving agencies' staff log into Connectz to view referral and then call the client to get them signed up.
The Solution

1. Updated List of Services
2. Determine if Referral is Appropriate
3. Information on the Status of the Referral
The Solution

- Multiple Referrals at Once
- Limited Input/Future Integration
- Referrals accepted 24/7
- Referral follow up & management
No need to maintain lists

Lower training costs while increasing capabilities

Data for future grant opportunities
Client Experience

- Access to More Services
- Referrals will be Appropriate
- Don’t have to call agencies
- Better Coordination
- Problems Avoided or Resolved
- Less Wrong Information
Client Consent is Required

Information Shared
- Name
- Date of Birth
- County
- Phone Number
- Address
- 3rd Party Contact
- Any Notes

Verbal Consent, Release of Information, or Uniform Consent?
Connectz Requires Good Information

- Designated Person at Each Agency
- Notice to Update Information Periodically
- Service Availability Can Be Turned On/Off
- Old Data = No Referrals
Community Care Coordination

Who Creates the Care Plan?

Medical Professional

Social Worker/Care Coordinator

Community Organization
Coordinated Questionnaire

- Rekeying the same information multiple times prevents clients from accessing services, increases costs of service delivery, and can leave the client confused and unsatisfied.

- Connectz removes this burden by streamlining the common benefit applications into one easy-to-use online app.
Uses standard webhooks but limits information.

Transfers are initiated by other systems.
Population Health and the Role of Community Care Coordination

Factors that Affect Health

- Smallest Impact:
  - Counseling & Education
  - Clinical Interventions
  - Long-lasting Protective Interventions
  - Changing the Context to make individuals’ default decisions healthy

- Largest Impact:
  - Socioeconomic Factors

Examples:
- Eat healthy, be physically active
- Rx for high blood pressure, high cholesterol, diabetes
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
- Poverty, education, housing, inequality

(CDC Logo)
Community Care Coordination

- Institute of Medicine has identified care coordination as “key strategy” for improving quality and efficiency of health care.

- Care coordination = professionals across contexts work in a team to make sure patient/client needs are met and “right care delivered in right place, at right time, and by right person.”

- Cultural and procedural roadblocks to community care coordination in healthcare setting. Most work done by social workers, not often embedded on site.

- Few studies exist on efficacy of community care coordination initiatives (Scholz, 2015).
Cultural Roadblocks to Care Coordination in Health Care

- Lack of education about population health
- Lack of education about social determinants of health and role of community and family in prevention and maintenance of health
- Rigidity of scheduling and payment structures (payers); cost versus value-based care
- Communication discoordination and breakdowns (no interoperability of systems, silos of care)
Connectz in the Health Care Setting

- Building a climate for population health initiatives: Who is at the table for team approaches to care?
- **Changing the culture for referrals** in the healthcare clinical setting to include community services
- Randomized, controlled trials of Connectz in healthcare clinical setting
- Can a tool increase the **number of referrals** made by health care providers? Will providers track them later?
- Changing reliance on healthcare system for support for managing chronic conditions: measuring **number of nature of follow ups** to clinic (phone calls + visits).
- Populating the database with robust referral network: measuring **use of system** by community orgs.
- Interviews and surveys will provide **patient engagement and satisfaction** data with and without Connectz, as well as self-reported health outcome data.
Value of Connectz from a Former Legal Aid Attorney’s Perspective

- Addressing procedural concerns for care coordination to then change the culture of referrals.
- Time = Impossible to make and return phone calls needed to try and connect clients on their behalf
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From the Dashboard

1. View client information.
2. Create referral, including finding services.
3. View status of referrals made.
4. View referrals made to you or anyone at your organization.
5. Update the services you provide.
6. Turn off referrals if you are over capacity.
What about privacy and HIPAA

**Data**
Minimal data is transferred, none of which is medical, unless someone types it in the notes.

**Storage and Access**
Server and connection all compliant. Information is not transmitted except for integration.

**People**
Limited access for a limited number of trained people.
Current and Future Research Opportunities

- Current Pilot Study in Bronson ED, Battle Creek.
- Future Collaborations and Grant Funding Opportunities.
- Partnering with Healthcare System
- Partnering with State Human Services Agency
- Partnering with National Research Efforts
Robert Wood Johnson Foundation Funded Pilot Study
It Works All Ways

Legal Aid

Healthcare <-> Social Services
More to Come

- Systems Integrations to automate recordkeeping securely.
- Statewide Coverage Projected by Dec 2018
- Custom platforms for various professions or other networks
- Document Storage for Client Documents Needed by Multiple Services
Thank You! Here’s Our Contact Info

Dawn Opel,
Assistant Professor,
MSU and Sparrow/MSU Center for Research and Innovation
480-209-5730 | opeldawn@msu.edu

Keith Morris,
President, Elder Law of Michigan
517-853-2385 | kmorris@elderlawofmi.org

Christopher Jackson,
Communications and Fund Development Manager, Elder Law of Michigan
517-853-2366 | cjackson@elderlawofmi.org