IMPOWR

Closed Loop Referral is interesting – It is Simply Not Enough

Whether requests for SDoH (Social Determinants of Health) supports are delivered via phone, fax, email, or closed loop referral system- we are simply refining a process where the "lift" falls on the shoulders of community-based partners. You know...the ones dependent on volunteers, antiquated or nonexistent operating tools and uncertain annual grant-based funding.

Initiatives and RFPs across the country are calling for the build out and deployment of closed loop referral systems to track and manage the delivery of Social Needs and Supports.

While these are steps forward, they are simply not addressing the root of a complex and evolving challenge – they may in fact be making things worse (for the CBOs and those they serve).

Community based organizations (CBOs) are the epicenter of "meet them where they are" for high demand individuals with co-morbidities and compounding unmet social and emotional needs.

CBOs are where those impacted by Medicaid redetermination, high ER utilizers, individuals with significant risk of readmission and non-adherence to medication protocols can be found on a daily basis.

They may not have a home and may not consistently engage with medical providers, but they certainly seek out on a daily or weekly basis basic support such as shelter, food, transportation and a host of other needs.

CBOs are also where troves of insight and data are siloed and inaccessible. HRAs, SDoH Assessments, engagement data and daily interaction insights that can have a profound impact on care planning, care management and immediate interventions remain out of reach.

Enabling "closed loop referrals" to the CBOs providing those services, might seem on the surface to be making the system smarter by supporting reporting and "touches" – but it misses the point (and the insights). ather than trying to close the loop from the top to the bottom, we must focus on creating tools that enable the CBOs – allow them to more effectively and efficiently manage individuals, populations, communities, and critically - data. They can see the whole person in ways that MCOs (managed care organizations) and traditional providers can only imagine.

CMS and the American Academy of Family Physicians cite "closing the loop" challenges in clinical settings with as many as 50% of referrals being not completed. Imagine what that looks like in a world of CBOs without the supporting communication and coordination infrastructure that is mandated in clinical settings.

We cannot build a future where CBOs will need to push data and referral responses into multiple platforms and portals, answering to a multitude of master's without providing the means to do so in the most efficient manner possible.

As a generalization, CBOs do not currently have an EMR or central data management / operating platform that allows them to "port information out and up". They rely on a cobbled together set of solutions and tools – laptops, binders, spreadsheets in the best of cases – hardly what is needed to enter into a world of billing and coding for Medicaid and Medicare authorized services.
Until we can support their core operational needs more effectively, we are just adding more administrative load and demands upon volunteers, operating processes and structures that are barely sufficient today.

We must think beyond the next batch of referrals, transport van donated or blankets provided with a colorful logo and focus on investments that bring these vital community partners into a world where they are a connected, and even financially engaged players supporting the health and well-being of the individuals and communities they serve.

The age of pushing out SDoH referrals via a more sophisticated "phone book" or "network" of available entities has passed - we must turn our attention to building bottoms up capabilities within the CBOs rather than more efficiently dropping demand at their doorsteps.