

# Project Overview

Community Information Exchange (CIE) is an emerging priority for MDHHS and stakeholders across Michigan. Efforts to build infrastructure facilitating the bi-directional exchange of social and clinical data are already occurring at the local level, however MDHHS believes a statewide solution is necessary to develop consensus around practices to collect social care data, provide wholistic treatment that addresses social drivers of health outcomes, and connect systems across communities through an interoperable infrastructure.

Michigan Public Health (MPHI) is working with MDHHS to conduct outreach to learn about initiatives across Michigan to identify, address, and share information related to social needs.

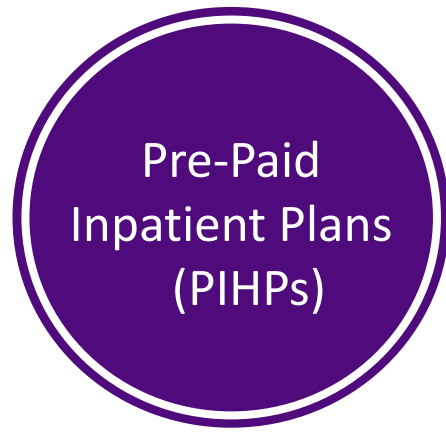


# Terminology

- **Managed Care Organizations (MCO):** organizations that are integrated entities in the healthcare system, which endeavor to reduce healthcare expenditures costs through preventative medicine strategies, financial provisioning, and treatment guidelines. ([NIH Managed Care Organization - StatPearls - NCBI Bookshelf \(nih.gov\)](#))
- **Prepaid Inpatient Health Plan (PIHP):** provides medical services to enrollees under contract with the state Medicaid agency on the basis of prepaid capitation payments, includes responsibility for arranging inpatient hospital care, and does not have a comprehensive risk contract. ([PIHP • CMHAM - Community Mental Health Association of Michigan](#))
- **Integrated Care Organizations (ICO):** managed care entities that MDHHS and Center for Medicaid and Medicare Services (CMS) contract with to provide Medicaid and Medicare covered acute and primary health care, pharmacy, dental and long term supports and services. [MI HEALTH LINK PROGRAM \(michigan.gov\)](#)
- **Social Service Organization:** Social service agencies or organizations promote the health and well-being of individuals by helping them to become more self-sufficient; strengthening family relationships; and restoring individuals, families, groups or communities to successful social functioning. [Layout 1 \(socialworkers.org\)](#)
- **Community Mental Health Services Providers (CMHSPs):** provide a comprehensive range of services and supports to children, adolescents and adults with mental illnesses, developmental disabilities and substance use disorder in all 83 Michigan counties. [CMHSP Directory • CMHAM - Community Mental Health Association of Michigan](#)
- **Substance Use Disorder (SUD):** Misuse of potentially harmful substances, such as opioids or alcohol to the extent that is interferes with a person's well-being and/ or ability to participate in daily activities such as work, school, and family life. [What is SUD | The Doorway \(nh.gov\)](#)

# Outreach & Engagement

Key informant interviews are being conducted with:



Organizations are being identified through MPHI's established stakeholder network, referrals, and other industry lists.

The group of stakeholders will be representative of the state in terms of type, size, racial and ethnic makeup, and geography.



# Outreach & Engagement

Engagement with organizations will include both key informant interviews & a social service organization survey to gather the following information:

- Current work to assess the social needs of their members
- The extent to which those efforts have been successful
- The use of technology and information exchange in their social needs data gathering process
- Awareness of IT resources, platforms, and initiatives
- Perceived barriers and facilitators for utilization of IT solutions
- Current use of social screening
- Partnerships and use of referrals
- The client experience in the asking/sharing of data



# How will this information be used?





# Emerging Findings from Health Plans

- All health plans are conducting social needs screenings at time of enrollment (within 30 days).
  - Additional and re-screening completed again as part of care management processes.
- Screenings are widely done through the use of Community Health Workers (CHWs) and call centers.
- Most health plans have modified standardized social needs screening tools to meet their needs and ask about all major social needs categories.
- All health plans are utilizing findhelp or 211.
- Larger organizations are more likely to utilize a closed loop system.
  - Health plans are using staff or text messages to “close the loop.”
- Most health plans haven’t seen pushback on the collection of social needs information; however, folks have expressed concerns over repetitive screening when utilizing services from multiple organizations.



# Emerging Findings from PIHPs

- PIHPs are not utilizing a specific social needs assessment. Social needs-oriented questions are asked during intake and person-centered planning meetings and part of the overall biopsychosocial assessment used by both PIHPs and Community Mental Health Services Providers (CMHSPs).
- Connection to resources are done by providers and customer service staff.
- There is widespread concern regarding the sharing of Protected Health Information (PHI)- especially in the context of those seeking Substance Use Disorder (SUD) services.
- PIHPs are also concerned about the burden on providers and social service organizations, many are already experiencing staffing shortages and burnout.
- Most PIHPs are not using technology to make referrals or connections to resources outside of the PIHP/CMH system. They are relying on staff to make the necessary connections.





## Emerging Findings from Social Service Organizations

- Many social service organizations do not collect information but handle resources on an individual basis.
- Concerns have been raised over utilizing a large system and losing the cultural/ unique needs of a community.
- There is worry that the lack of resources and/or capacity in social services across the state, will limit services provided that may cause individuals to lose trust in the organizations that screen for social needs as well as those they were referred to.
  - "This... system is too large in scope. We need to work with known agencies and develop relationships to make knowledgeable referrals. Sending referrals into an abyss just creates the strong chance of creating another no response to people looking for help."
- Social service organizations are concerned about utilizing CIE due to cost of participation, administrative burden, and staffing.
- Alternatively, organizations are excited about the prospect expanding their reach.
- There is a worry that some groups will be left out such as LGBTQ+, refugees, asylees, immigrants, individuals hard of hearing or deaf individuals.
- There are many concerns regarding what technology will be utilized, what systems would be used in addition to the many other platforms already in use.
- There are concerns regarding competition, as funding is competitive.



# Partnerships in the CIE Space

- Health plans and PIHPs have existing partnerships with social service organizations across their service areas- both formally and informally.
- Many social service organizations have collaborated with local health systems to receive referrals, specifically surrounding food pantries, transportation, and LGBTQ+ services.
- There are many social service organizations who already participate in existing closed loop referral systems through electronic and paper referrals.
- There is an overwhelming support to utilize systems that are already in place. Health plans, PIHPs, and social service organizations all expressed concern for implementing a “new” system as many are already overwhelmed with technology currently in place.



# Emerging Questions

- How does this intersect with and/or duplicate other efforts for CIE? How does State ownership of a CIE affect its operation?
- Will the technology system make up for the lack of human systems? In other words, if we build a strong system, do we have all the building blocks to provide the services that the system is connecting?
- How will 42 CFR Part 2, HIPPA, and FERPA fit into data sharing agreements and referrals?
- There are many entities that are not social services but provide aid and referrals. Would they be able to utilize any of these services for referrals?
- What would funding look like for a CIE system so that smaller organizations can partake without an undue financial burden?
- How do you address unique community and cultural needs within a CIE system?
- How will information be maintained without creating increased administrative burden on staff?