Co-Creating a Shared Approach to Social Needs Resource Referrals in Minnesota

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Session Purpose

- To get familiar with how a multi-stakeholder co-design approach and supporting technology solutions can connect people with needed and culturally responsive resources and supports
- To demonstrate how different sectors (community organizations, health care, and public and private payers) can work together to promote health equity
- To understand strategies and lessons learned that are actionable in other states and regions

Background

What are we trying to do in Minnesota?

Collaboratively design a shared approach and tools for connecting people in Minnesota with needed and culturally responsive community resources

- Leveraging the strength of experience, the array of helpful directories that exist, and the technology tools in place to create a more comprehensive and inclusive approach across the state

Why focus on a statewide shared approach?

- Many are supporting referrals and investing in processes and solutions
  - Pockets across the state where social needs referrals are working well
- However, this is not happening consistently nor universally across the state
  - A patchwork rather than a complete and comprehensive system
  - Especially challenging for community organizations

Current Minnesota Reality

Intermediaries[1] are connecting to needed resources across the state

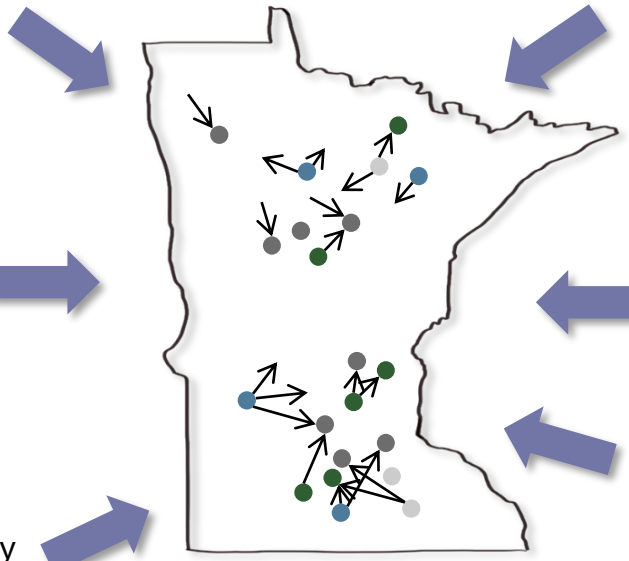
Community Based Organizations are providing resources via multiple referral approaches

Health Care[2] technologies and care coordination

Community Health Workers network and resource navigation

Payer[4] technologies and/or approaches

Referral platforms[3] adopted by health systems and/or payers



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Interoperability technology[5] implemented within Minnesota

[1] **Examples**: United Way 211, FirstLink, Minnesota Help.info, Senior Linkage Line, Disability Hub MN, Veterans Line, Trellis, Youth Services Network app, HelpMeConnect, BenefitsCheck Up

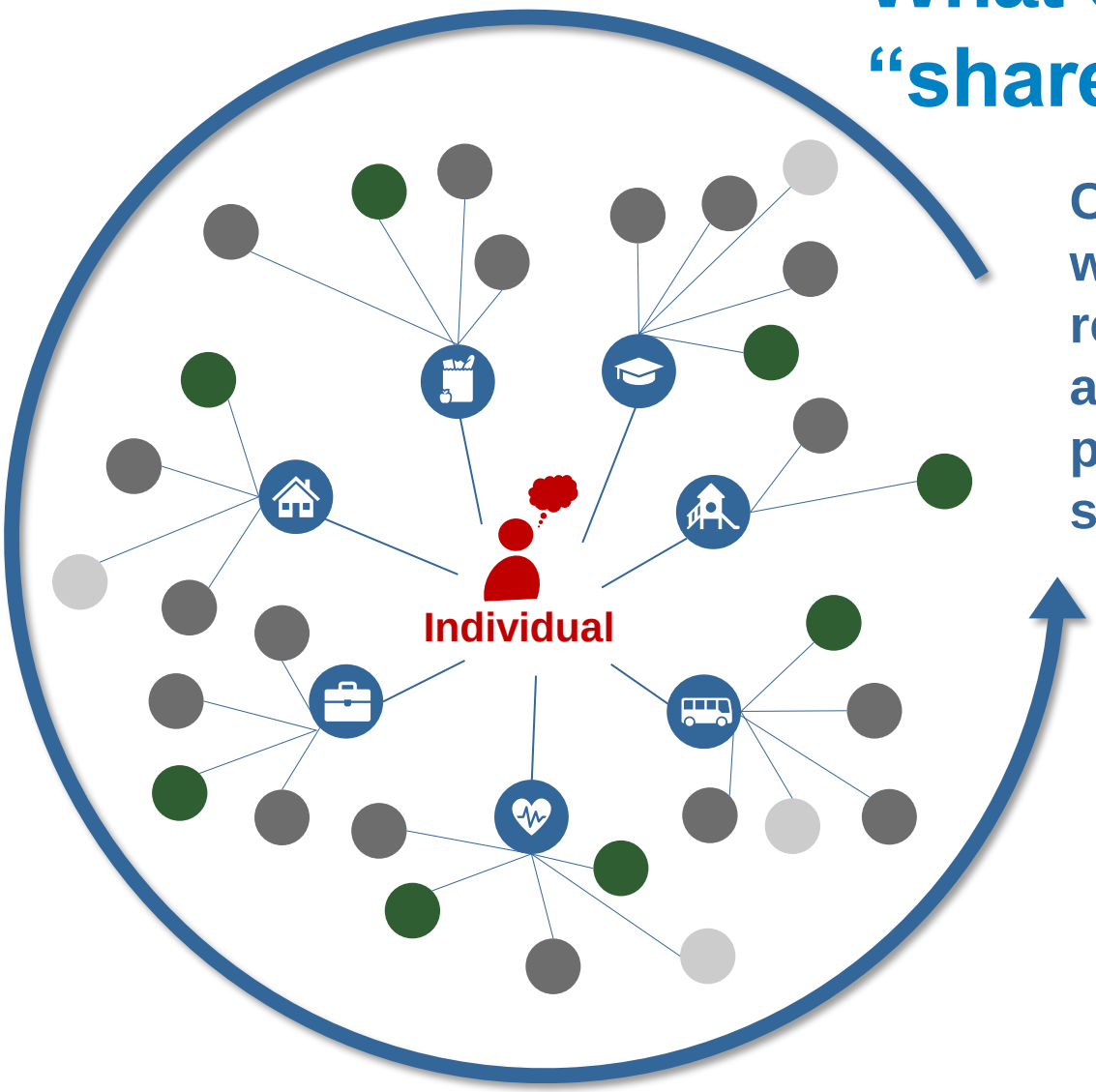
[2] **Examples**: EPIC Compass Rose Module (and other Social Needs Solutions within EHRs), care coordination programs by population and/or condition, value-based contracts with reporting and monitoring of social service supports, medical home referrals

[3] **Examples**: Aunt Bertha, UniteUs, NowPow, SignifyHealth

[4] **Examples**: care coordination programs by population and/or condition, value-based contracts with reporting and monitoring of social service supports

[5] **Examples:** ADS system – Audacious Inquiry (AINQ), and HIE - Koble

What do we mean by a "shared approach"?



Connecting Minnesotans with needed and culturally responsive resources across sectors, needs, providers, and payment sources

- Community Organizations
- Health Care
- Payers

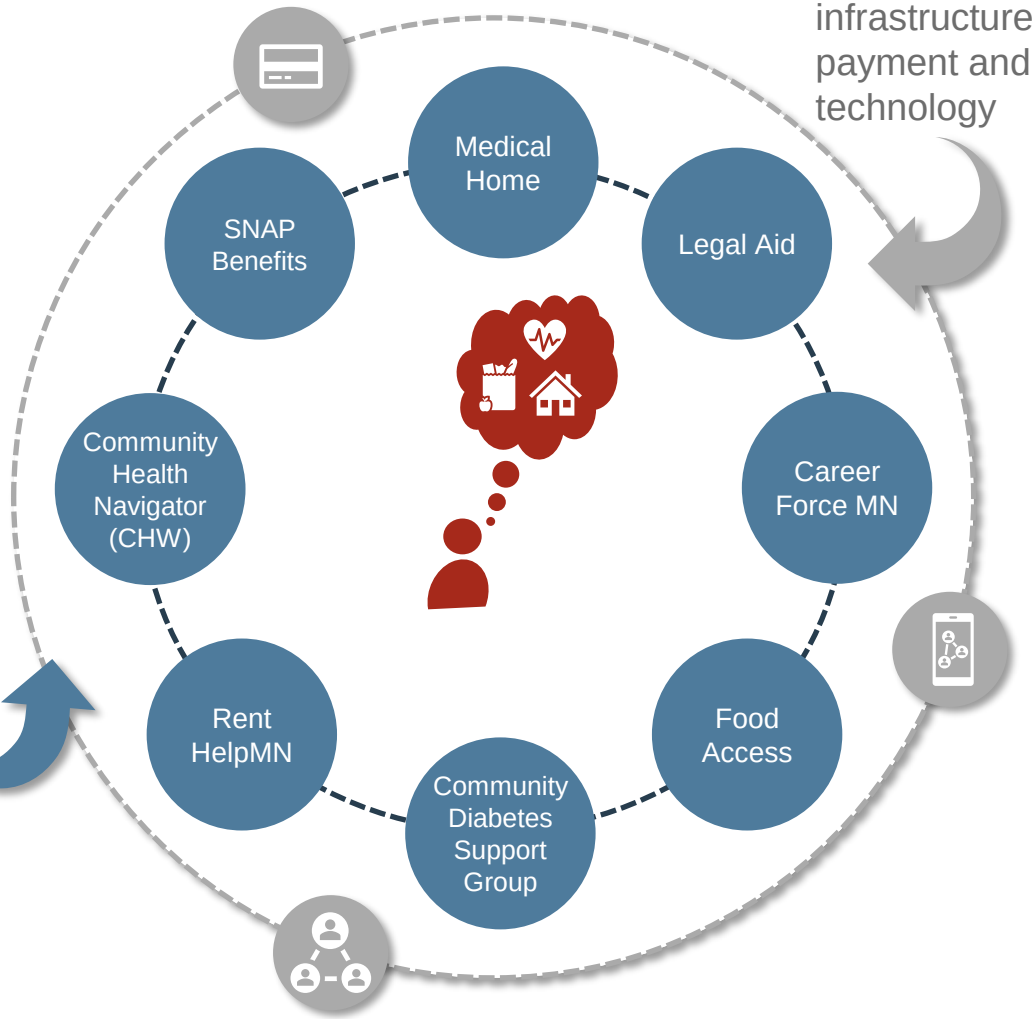
What does success look like?

1) Brings together existing systems across MN in a seamless and easy to navigate way for both the referral resource providers and people seeking services
2) Ensures resource directories are inclusive, culturally responsive and avoids duplication and redundancy
3) Addresses current needs and anticipates future opportunities
4) Provides opportunities for investments in organizational capacity to support people and sustainable funding
5) Offers a “closed loop” feedback mechanism to indicate to health care organizations whether and how specific referrals are addressed and acted upon

Imagine Together

- Help individuals navigate and make informed decisions on resources

Working together to ensure that a person's needs come first



StratisHealth

Our Team

Convened and facilitated by Stratis Health in partnership with Collective Action Lab

- Stratis Health Leads: Sue Severson and Jennifer Lundblad
- Collective Action Lab Team: Olivia Mastry and facilitators
- Project Manager: Senka Hadzic

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All Hands on Deck

- Our work sits alongside related work, including:
  - MNCM (Minnesota Community Measurement): focused on how health care organizations are collecting data about social risk factors from patients
  - MN EHR Consortium: ongoing communication and potential collaboration as progress and needs emerge
- Working together on complementary and mutually reinforcing efforts

Principles Guiding the Work

- Meaningful access to housing, food, and transportation is essential to assuring **health equity**
- Solutions must be **relevant across culture and statewide geography**
- **Community leadership** fosters meaningful solutions
- **Cross-sector co-design and shared accountability** are imperative
- **Parity is needed** -- influence cannot be based on size or resources
- **Design for the future,** not just short term
- **Balance** urgency with time for meaningful engagement

Co-Creation Process

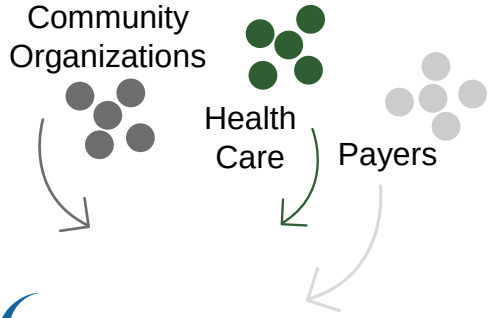
Organizing for Accountability

Discovery
Organization Engagement

80+ interviews

Confirmed widespread interest, gathered Initial guidance on desired characteristics of shared approach

Phase 1
Organization Meeting Series



Prioritize “must-haves” for shared approach in each of the 3 groups, establish Guiding Council

Phase 2
Guiding Council

Representative Council determines if there is enough agreement on priorities to move forward

Council evaluates and recommends shared approach to peer organizations

Phase 3 Implement!

Cross-Cutting Work Across Phases

- **Collaborative research findings** – learning what others are doing both in and out of MN, literature review, canvasing for opportunities with existing efforts
- **Case studies and invitations to participate** as guest speakers of findings and lessons from other states and regions who have implemented various models
- **Drawing upon financing and governance experts** advising on governance structures, financing models, ROI valuation, Cost/Benefit analysis, and implementation strategy

Discovery Phase

- Gathered information and insight:
  - Survey (1,300 recipients)
  - Structured interviews (80+ organizations)
  - Meetings with intermediaries (EHR vendors, social needs e-referral platforms, HIEs, resource directories)
- Synthesized results into 8 themes
- Affirmed interest: Nearly 90% of stakeholders responded affirmatively to moving forward

Phase 1

- More than 100 participants in three pairs of peer group meetings
  - 8 Payers (4 commercial, non-profit health plans, 3 county-based health plans, and MN Medicaid)
  - 44 Community organizations
  - 23 Health care organizations and associations
- Collaboration with trade and professional associations further enabled a convening mechanism of peer organizations to support participation in the process
- Elected Guiding Council representatives

Guiding Council Membership

Community Organizations

- Alzheimer's Association MN/ND
- CEAP (Community Emergency Assistance Programs)
- Cultural Wellness Center
- LifeWorks
- MN River Area Agency on Aging (MN RAAA)
- Mino-Bimaadiziwin Wellness Clinic at Red Lake Nation
- Pillsbury United
- Recovery Alliance
- Second Harvest Heartland
- START Senior Solutions/ Faith Nurse Network
- Volunteers of America (VOA) MN/WI
- Wellshare International
- Youth and AIDS Project: University of Minnesota

Health Care

- Allina Health
- Lakewood Health System
- Children's Hospital & Clinics
- M Health Fairview
- Essentia Health
- MN Community Care
- Knute Nelson
- Canvas Health

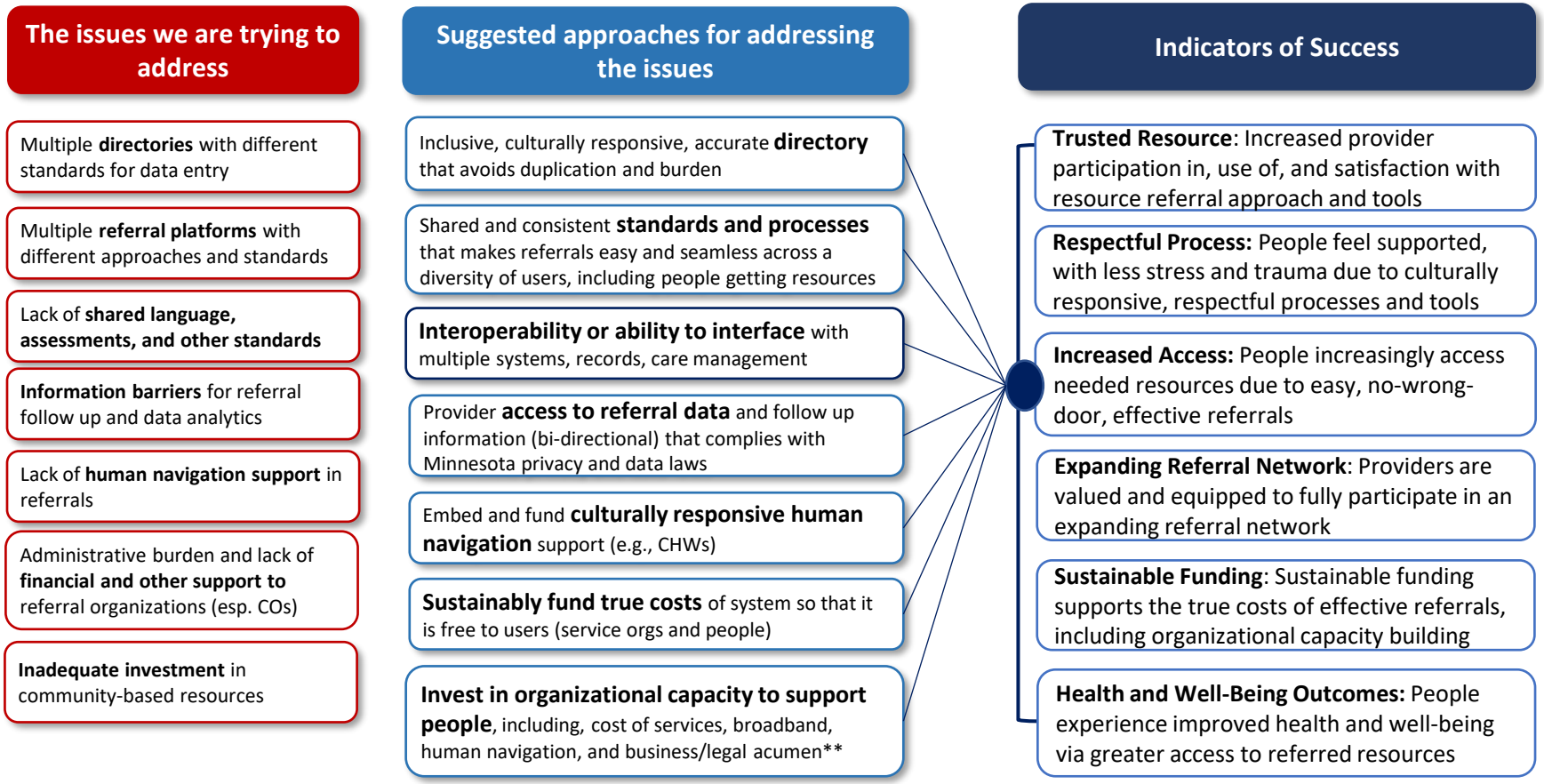
Payers

- Blue Cross Blue Shield of Minnesota
- UCare
- South Country Health Alliance
- MN Department of Human Services
- Aetna CVS Health

Phase 2A: Guiding Council

- Reviewed peer groups' recommendations and finalized a framework that articulated the issues to be addressed and suggested approaches to address them
- Determined unanimously that there was enough alignment of interest across community, health care, and payer organizations and key conditions in place to continue
  - A pre-condition articulated by the Guiding Council: Begin to secure assurances of funding for the Co-Creation process to evidence commitment and buy-in of payers in the process and outcome.

Framework for a Shared Approach:
with success indicators



Where are we now?

- Fulfilling the Guiding Council condition
- Continuing to gather research and examples, and share what is occurring in other states and regions
- Preparing for Phase 2B

Lessons Learned

Key Takeaways

- Trust is essential in working across sectors...and building it takes time
- Technology is necessary but not sufficient to support social needs resource referrals
- Communication channels can be leveraged, including associations and networks
- Engage payers not just as funders, but also as care coordination and improvement partners

What have we learned about the process?

- An equitable process distributes power differently than usual across sectors
  - And this effort is all about social justice – it is an equity issue
- Navigating the tension between competition and collaboration is challenging

Discussion

Many of you are leading or participating in social needs referral efforts:

- What have you learned that others can benefit from?
- What advice do you have for your peers in Minnesota, given where we are in our journey?

Resources

- Discovery Phase report: MN Social Needs eReferrals Stakeholder Interview Themes June 2021 (stratishealth.org)
- Dr. Len Nichols' presentation and recording (30 min length) on "Health Economics Case for a Shared Approach to Financing Resources Referrals in Minnesota"

Thank you!

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