OCHIN

A driving force for health equity

Submitted via electronic mail (PHMSection@dhcs.ca.gov)

September 4, 2024

Michelle Baass
Director
Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: *Department of Health Care Services – Addendum to the PHM Policy Guide: Closed-Loop Referral Implementation Guidance*

Dear Director Baass,

On behalf of OCHIN, I appreciate the opportunity provide comments on the *Addendum to the Population Health Management (PHM) Policy Guide: Closed-Loop Referral Implementation Guidance*. OCHIN applauds the Department of Health Care Services' (DHCS) commitment to connecting Medi-Cal members to services that address health-related social needs as well as specialty care services. We appreciate the proposed guide for Medi-Cal managed care plans to implement closed-loop referral (CLR) requirements by January 1, 2025. We anticipate that this guidance will result in Medi-Cal Managed Care Plans (MCPs) extending these requirements to contracted health care providers. We urge DHCS to consider the proposed changes will take significant resources and time to adopt for community healthcare providers and the **Agency should ensure that Medi-Cal managed care plans (MCPs) provide the requisite resources, funding, and time to support adoption by safety-net health care providers as well as community-based social service providers.**

OCHIN: DRIVING INNOVATION, ACCESS, AND SELF-SUFFICIENCY

OCHIN is a **national nonprofit health information technology innovation and research network** comprised of federally qualified health centers, critical access hospitals, rural health clinics, other community health centers. In California, OCHIN network members serve 2.1 million active patients, more than 690,000 of whom are Medi-Cal enrollees. For over two decades, OCHIN has provided technology solutions, informatics, evidence-based research, and policy insights for federal qualified health centers, rural health clinics, local public health agencies, critical access hospitals and other community providers. Nationally, OCHIN network member have electronically documented more than 2.75 million social risk screenings for over 1.5 million unique patients. In addition, OCHIN has led national efforts to develop foundational health related social need quality measures related to referral and resolution. (OCHIN's health related social need quality measure has been adopted by the Centers for Medicare & Medicaid Services (CMS) for several Medicare quality reporting programs.)

ELECTRONIC REFERRALS: TRACKING, SUPPORTING, MONITORING

Currently, electronic referrals sent via Direct Message is the standard for referrals. This practice has not been reliable for supporting a closed loop process. Even if all OCHIN members implemented required fields, getting back the loop closure continues to be challenging under this method. As a result, we

support efforts to implement systems and processes that will automate the closed loop process to the greatest extent possible. **As outlined below, there are technology solutions however we strongly urge both DHCS and Medi-Cal Managed Care plans to account for the significant investment of time needed to forge relationships between service providers and health care providers to strengthen these connections in the context of health-related social needs. Further, the challenge for health care providers to support specialty care referrals is rooted in the shortage of specialists accepting patients with Medi-Cal coverage and additional solutions (such as providing resources for a dedicated specialty network leveraging digital health modalities (telehealth and eConsults, for example) is also needed to ensure timely access to care.**

TOOLS TO ENABLE THE REFERRAL PROCESS

OCHIN is able to support our members through Care Everywhere Referral Management (CERM) and Social Service Resource Locators (SSRL) connections given the draft guidance definition covers both clinical and social support referrals. More than half of OCHIN's Epic California member organizations have CERM enabled; however, the current proportion of CERM referrals are low today. Increasing that utilization requires resources to support change management and training on the member side as well as technical assistance. Neither OCHIN nor most (if not all) of our members have dedicated resources to underwrite this work. While structured data fields exist for referral loop mileposts, these data are still not accurate obtained in most cases. In the absence of CERM, these fields are optional and are often entered late or not at all. Additionally, these options are ambiguous and unstandardized. To comply with the DHCS' CLR requirements, OCHIN may need to change options to fit requirements, add hard stops, and change and train new workflows.

In addition to CERM, OCHIN will be starting a pilot program with 360X that supports CLRs in non-EPIC EHRs. While the 360X pilot will begin in Oregon, our partner, Netsmart supports multiple EHRs in use at behavioral health clinics co-located with some of OCHIN's members in California. Both CERM or 360X are solutions available to members to meet DHCS' requirements; however, it will take significant effort, time, and funding for the reasons outlined above.

CONCLUSION

OCHIN applauds DHCS efforts to advance digitally enabled and automated closed loop referral processes. Beyond the resources and time required to build the digital infrastructure, it is critical that resources are dedicated to support access to specialty care services as well as connections to community-based providers.

We would welcome the opportunity to meet to review the data that OCHIN has concerning network member practices and screening and referral for health-related social needs as well as the analysis completed related to specialty care referral wait times for California patients in the OCHIN network. Please contact me at **stollj@ochin.org** and I appreciate the opportunity to comment.

Sincerely,

Jennifer Stoll

Chief External Affairs Officer