PEER LEARNING SESSION: Referral Database Management

MCHB TA Innovation Center

Session Summary

The TA Innovation Center (TAIC) hosted the fourth of four ad hoc virtual peer-to-peer learning sessions that will be conducted in the Base Year under Task 5.5.1 of the scope of work on August 17,2023 from 4:00 – 5:30 p.m. Eastern time via Zoom. Fifty-one (51) participants registered for the session, and approximately thirty one (31) attended, representing PMHCA and MDRBD recipients, HRSA staff, and TAIC staff. The TAIC's subcontracted subject matter experts (SME), Dr. John Straus, and Dr. Nancy Byatt were on hand to facilitate the discussion that was moderated by TA Specialist Liz Carr. The session topic of focus was centered around referral database management and the following questions[1] framed the discussion:

1. What data management system(s) are you using? What is working well and what isn't?
2. If you are using a pre-existing system, what have been the pros and cons?
3. What types of content and functionality does your referral database offer? (e.g., data generation, interface with other systems, user/patient interface, etc.) Is there any content or functionality you want but have not been able to incorporate?
4. How does your current approach work for your program in terms of staffing and sustainability?
5. If you had to start over, what would you do differently? What lessons have you learned that you can share with newer programs?
6. What are your biggest challenges or barriers related to referral database management (in addition to what's already been discussed) and how are you addressing those challenges?
7. How can HRSA and the MCHB TA Innovation Center help you to address these challenges?

Participants shared the successes and struggles creating and updating referral data management. Participants were at various stages in program development and were

[1] *Since questions are used as discussion prompts, they can be taken out of the numbered order and not all questions may be included in the discussion, depending on participant interest and priorities.*

able to share challenges, ideas, and resources with each other. They also received ideas and feedback from the subject matter experts.

Summary of Challenges Regarding Referral Database Management

- Referral data/information is stored in several places for most of the attendees.
- Significant "man hours" are needed to continuously update referral lists, even when a program like Salesforce is used.
- Community resources often have waiting lists. Once a resource is identified for a child/family, there is a high probability that there will be a lengthy wait for support services to begin.
- Community resources/providers often do not want to be on a referral list due to waiting lists already being lengthy.
- The cost of a referral data management system, like Salesforce, is often too high for awardees to manage within budget.
- There are reported challenges getting local government to buy into the need for a state-wide/county wide referral data base.
- States that do have state-wide/county wide resource lists managed by a local government entity, like the health department, often have challenges getting providers to register and agree to be part of the list.
- The type of service needed and what insurance the client has greatly impacts what resources are available for support.
- Provider referral databases that are public often have too many options, some current, some obsolete, making it overwhelming to identify a viable resource.
- It is a challenge referring to providers within the community that are not well known by the referrer. Most providers on the referral list are unknown to the entity making the referral.

"The time it takes me is 2+ working days to do the search, hear back and produce a curated list each time."
- Attendee from Delaware

"I find the age of client being accepted fluctuates, as well as capacity for providers who accept certain insurances, medication management, etc… not just waiting lists across the board"

Lessons Learned

- There is demonstrated value in the creation of a curated, continuously updated referral list/database.
- No ultimate source for data management; there are pros and cons to several systems that have been used.
- Many attendees report that demos of a prospective database management tool can help guarantee that the vision and goals the awardee have for the tool can be actualized.

> "Our person still creates the referral email, however she is able to create templates for specific ages, diagnoses, areas, etc. in our database and reuse them."
>
> - Attendee from Delaware

- Aligned MDRBD PMHCA programs find it helpful to have one referral database vs. keeping referral information separate based on program.
- Sending out a "mass referral request" that includes all providers offering the service a client needs increases the chances of getting a response and instils a sense of community effort. This practice also minimizes concerns about giving a referral provider "priority".
- The services that a potential referral source markets should be verified by a member of the awardees team to ensure the provider is still an active resource.
- Development of a proprietary program created specifically for referral data management is very helpful in minimizing time spent organizing, updating, and using referral lists. Michigan's program uses a proprietary program created specifically for MC3.
- Teams that use Excel spreadsheets to keep referral data can organize them into tabs such as "ECMH Resources", "ASD Resources", and "Crisis Resources," making it easier to find a referral quickly.

- Some database management systems offer discounts/waived for non-profits.
- REDCAP is used as the main way of tracking calls but does not have great functionality to house referral data. REDCAP is identified as a cost-efficient system to use during a PMHCA/MDRBD startup.
- Using a cloud-based system, like SharePoint, is helpful to have a "live" version of referral lists that can be accessed and updated by teams across the state.

- Template emails for specific client needs (age/diagnosis/type of service) or area of the state help make the process of sending a referral out to possible sources quicker and more efficient.
- It was shared that seed funding through a 3rd party payor (e.g., an insurer) can be used to support the financial need associated with a referral data-based management system, like Salesforce or Trayt.

Resources

- findhelp.org
    - National directory searchable by zip code for resources like financial assistance, food pantries, and medical care.
- 211 and 211 Help Me Grow
- Attendee's reported having experience with the following database management programs/tools:
    - Airtable
    - Box
    - UniteUS
    - Trayt
        - Texas uses similar to Salesforce in terms of functionality. There will be a demo of Texas using system at the end of the month (ask John for more information).
        - Has module that allows for follow up, allowing to schedule in continuation of care
    - Salesforce
        - Oklahoma participants report using this database.
        - Oklahoma has setup the database to be organized by referral type (e.g., if a clinician is looking for referrals within a certain county, they can search the county name and find all services entered into Salesforce located in that county.).
        - Salesforce is also keyword searchable (e.g., "Therapist who takes BCBS").