Arizona
Social Determinants of Health (SDOH) Program

Arizona’s Closed Loop Referral System

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Arizona Social Determinants of Health (SDOH) Program

The Statewide Closed Loop Referral System

Overview

- Partnerships
- Genesis
- Purpose
- Features
- Timeline
- Participation
- Questions
Program Partnerships
Arizona SDOH Program

Partners
Arizona SDOH Program

Workgroup Members

- A New Leaf
- AHCCCS
- Arizona Council of Human Services Providers
- Arizona Healthy Communities
- Arizona Hospital & Healthcare Association
- Catholic Community Services Yuma
- Circle the City
- CommonSpirit Health
- Copa Health
- Crisis Response Network
- Dignity Health
- El Rio
- First Things First
- Garcia Family Foundation
- HonorHealth Desert Mission Food Bank
- Human Services Campus

- Magellan Complete Care of Arizona
- Mercy Care Plans
- Native American Connections
- Native Health
- North Country Healthcare
- Sonora Quest
- Southwest Behavioral & Health Services
- St. Joseph the Worker
- Sunset Health
- Tucson Medical Center
- UMOM New Day Centers
- United Healthcare
- Vitalyst Health Foundation
- West Yavapai Guidance Clinic Campus
Program Genesis
AHCCCS Whole Person Care Initiative (WPCI)

- Officially launched the Whole Person Health Initiative in November 2019.
- Focused on role social risk factors play in influencing individual health outcomes.
- Exploring options for advancing WPCI through maximization of AHCCCS’s current benefit package.
Defining Social Determinants of Health?

Social determinants of health (SDOH) are the conditions in the environments where people are born, grow, live, learn, work, play and age that affect a wide range of health, well-being, functioning, and quality-of-life outcomes and risks.
Program Purpose
Arizona SDOH Program Purpose

• Connecting our communities.
• Improving health outcomes with a whole-person care mindset.
• Data-driven approach.
Program Features
Referral Types

**Shared Referrals**

- Similar to current referrals, except the system will track the number of referrals and the referring party.
- Person will receive the information via email or text and can show during business hours at their convenience.

**Closed Loop**

- Agreed upon by referring organization and service provider.
- Provide feedback on the referral.
- You can decide how referral feedback is setup.
- Setup closed loop for some services, not all.
- More outcome data due to more decision points.
Arizona SDOH Referral System Features

- Resource Directory
- “No Wrong Door”
- Screenings, Referrals, and Alerts & Communications
- Data dashboards, analytics and outcomes
- Client portal
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What are the benefits?

- Keep track of the people you’re helping.
- Communicate with other organizations, referring providers and clients.
- Access a reliable and up-to-date resource directory.
- Manage referral volume, including pausing referrals.
- Language translation.
- Data on your services that can be used for reports and grant applications.
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Activities you can measure

- Number of referrals (Closed-Loop and/or Shared)
- Average distance people travel to access your services
- For Closed-Loop, number of successful referrals and average response time to referrals
- Identify busiest time of day, week, month
- Identify who is sending referrals and at what volume
- Determine the varying volume of services between different services you offer
Arizona's SDOH Referral System: Ensuring Confidentiality
Program Timeline
Arizona SDOH Program Timeline

2020 – 2021

1 – 3/2020
Form WG & Market Analysis

4 – 8/2020
Define Requirements, Develop RFP

3 – 5/2021
Implementation Planning

6 – 9/2021
Early Adopter Implementation

9/2020 – 3/2021
Vendor Selection, Contracting

Fall 2021
General Rollout Begins
Program Participation and Information
Arizona SDOH Program Participation and Information

• The first step is to fill out an interest form at: healthcurrent.org/sdoh.
• Receive updates on program progress and learn how you can participate.
• Health Current will reach out to help you get started and onboard your preferred network.
Questions? Feedback?

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Q&A