A First Look at Connect Oregon Implementation

Analysis of Connect Oregon Platform Data from 2021-2022

Prepared by:

Bradley Iott, PhD, Post-Doctoral Scholar, SIREN, Center for Health and Community, University of California San Francisco

Caroline Fichtenberg, PhD, Co-Director, SIREN, Center for Health and Community and Research Scientist, Department of Family and Community Medicine, University of California San Francisco

September 2023

siren
Social Interventions Research & Evaluation Network

Executive Summary

In October 2020, a group of Oregon Coordinated Care Organizations (CCOs), health systems, and other organizations, seeking to enable care coordination across health care and social service providers, launched the Connect Oregon referral system. Powered by the Unite Us referral platform, Connect Oregon enables organizations to make secure, closed-loop electronic referrals to each other and to communicate about the outcomes of those referrals for clients who have consented into the platform. Over the past three years, Connect Oregon has gradually expanded across the state: Connect Oregon was available in 19 counties in 2021, in 35 counties in 2022, and in all 36 Oregon counties by early 2023. In 2022, the Oregon Health Leadership Council (OHLC) and several CCOs contracted with researchers from the Social Interventions Research and Evaluation Network (SIREN) at the University of California, San Francisco to examine the implementation of Connect Oregon to-date to identify how to continue to advance adoption of the platform. As a first step in that effort, this report presents results of analysis of Connect Oregon platform data during 2021 and 2022 to assess how the platform was used during those years and to identify patterns that can inform future adoption and implementation efforts.

How broadly adopted was Connect Oregon in 2021-2022?

How many organizations used Connect Oregon in 2021-2022?

- A total of **1,429 organizations** either sent or received a referral through Connect Oregon in 2021 and 2022, or **34%** of the organizations in the Connect Oregon pipeline for participation.
- 229 organizations sent referrals through Connect Oregon in 2021 and 2022 (5% of pipeline organizations) while 1,323 organizations received referrals (31% of pipeline organizations).
- The percentage of pipeline organizations sending or receiving referrals varied from **63% in Eastern Oregon to 8% in Northern Oregon**, indicating variability in levels of adoption across the state.
- **Social services agencies and clinical organizations** were the most common types of organizations sending referrals on the platform, while social services agencies were the most common organizations receiving referrals.
- Among organizations receiving referrals, the most common were organizations providing **housing & shelter and food assistance**.

How many clients were served through Connect Oregon in 2021-2022?

- A total of **11,677 clients** were served through Connect Oregon during 2021-2022, representing **just under 1% of Oregon's Medicaid enrollment** as of January 2022 (the midpoint of the evaluation period). Using data on the prevalence of needs among Oregon's Accountable Health Communities, we estimate that **this may represent 2.5% of OHA enrollees who might have a social need and want assistance with that need.**
- **20,464 cases**, each representing a client with a need at a particular point in time, were created in 2021-2022.
- Case volume fluctuated across these 2 years, with peaks in April 2021, the fall of 2021, January 2022, and the summer of 2022.
- A total of **20,896 referrals** were made through Connect Oregon during 2021 and 2022.

What was Connect Oregon used for?

- The 4 most common services that clients requested or were referred to were **Individual & Family Supports, Housing & Shelter, Food Assistance, and Utilities**. These 4 service categories constituted 75% of cases and 78% of referrals.
- The most common service types fluctuated over time.

How well did Connect Oregon work for facilitating resource connections?

How quickly did organizations respond to on-platform referrals?

- **Receiving organizations responded to most on-platform referrals quickly**: 62% of on-platform referrals were acted on within one day of being sent, and 86% were acted on within 5 days.
- Organizations were quicker to accept referrals than to decline them.
- Time to act on referrals **varied by receiving organization category and service type,** suggesting opportunities to identify best practices.

How often were on-platform referrals accepted and how did this vary?

- **Nearly 7 in 10 (70%)** on-platform referrals made in 2021 and 2022 had been accepted by March 2023 (the date of the data pull), and just under 1 in 5 (19%) had been declined.
- Rates of referral acceptance were **similar by age, gender, and race/ethnicity** suggesting that referrals are largely managed in similar ways across demographic groups.
- Referral acceptance **varied by service type from 84% to 51%**. Service types with referral acceptance rates below the average acceptance rate of 70% included money management, mental/behavioral health, income support, utilities, transportation, housing & shelter, substance use, and clothing & household goods.
- Referral acceptance also **varied by category of organization sending and receiving referrals** (from 91% to 56% for sending organizations and from 79% to 50% for receiving organizations). Categories of sending organizations with acceptance rates below 70% included behavioral health organizations, CCO care coordination teams, and social service organizations. Categories of receiving organizations with acceptance rates below 70% included county programs and the 211info coordination center.
- The **referral acceptance rate declined** in 2022, while rates of referrals being forwarded, declined, or made off-platform all increased during the study period.

How often did Connect Oregon cases get closed with clients receiving the assistance they requested?

- **54% of all cases created between 2021-2022 were closed as resolved by March 20, 2023** (i.e., closed because the client was deemed to have received the requested assistance or to no longer need it), while 28% were closed as unresolved (i.e., the client was deemed not to have received the assistance requested) for an **overall closure rate of 82%**.
- **66% of closed cases were closed as resolved.**
- The proportion of cases that were resolved **decreased over time in 2021-2022** while the proportion of open cases increased.

- Case resolution varied by region, with Central Oregon having the highest proportion of resolved cases (72%) and Eastern Oregon having the lowest (16%).
- **The frequent use of "Other" for case outcome descriptions (51% of resolved cases and 27% of unresolved ones) limits our ability to understand case outcomes.**
- Case closure rates were slightly higher for children and clients with missing race/ethnicity information, and lower for non-binary or other gender clients.
- **Clients who were Black or African American, Hispanic or Latino, or Asian had somewhat higher probabilities of case resolution.**
- No differences were seen in case resolution rates by age or gender.
- Case closure and case resolution **varied by service type and by category of managing organization**. Service types with case resolution rates below 50% included substance use, legal, and mental/behavioral health. Among the 4 most commonly requested service types, housing & shelter and utilities had lower resolution rates: 59% for housing and 62% for utilities, vs. 72% for food assistance and 74% for individual & family support.

Implications for continued implementation efforts

This analysis of the first two full years of implementation of Connect Oregon found that the platform was used by a third of organizations that are being targeted for participation, indicating that the platform has reached a meaningful number of organizations, and that **engagement efforts need to continue in order to have broader adoption, particularly in South Valley, Northern and Southern Oregon, and Columbia Gorge, where rates of adoption are the lowest**. At the same time, the low percentage of potential clients who were served through Connect Oregon (2.5%) indicates that, although a good number of organizations are using the platform, in 2021-2022, they were not using it as much as they could. This suggests that, in addition to increasing the number of organizations using the platform, **implementation efforts should also focus on making the platform a part of common referral workflows for organizations that are already using it**. The evaluation team is currently conducting qualitative research with existing users to better understand how to best support organizations to use the platform.

Among those who are using it, **the platform in its first two years of implementation seems to have worked well for facilitating referrals and access to needed resources.** We found a high average referral acceptance rate (70%) for on-platform referrals. We also found that response times for on-platform referrals were quick, with more than 6 out of 10 referrals acted on within 1 day of being sent. Case closure rates were also high (82%) and, among closed cases, two-thirds were closed as resolved, meaning the client received the assistance they were seeking.

We also found relatively few disparities in use of the platform, referral acceptance rates, or rates of case closure and resolution for clients belonging to demographic groups that experience racism or discrimination. For case resolution in fact, rates were higher for Black or African American, Hispanic or Latino, and Asian clients than for white clients. However, race/ethnicity data was missing for 59% of clients and gender identify for 27%, making it difficult to know for sure whether platform use is equitable. Continued operation and evaluation of Connect Oregon may be enhanced with a more complete understanding of client demographics. Leveraging existing demographic datasets for integration, rather than adding to the workflow of community-based organizations (CBOs), clinical partners, and clients themselves, may be an avenue to explore.

At the same time, referral acceptance as well as case closure and resolution rates all dropped during the two-year period. **This suggests the need to continue providing ongoing support to users and organizations, especially as more organizations are being brought into the network.**

The wide variation in referral acceptance and case closure and resolution by service type and category of sending and receiving organization provides **opportunities to identify and help spread practices that facilitate effective platform use.** In addition, our analyses identified the following service types as those with low referral acceptance and/or low case resolution: money management, mental/behavioral health, income support, utilities, transportation, housing & shelter, substance use, legal, and clothing & household goods. **These are service types where it may make sense to focus efforts to improve referral effectiveness and case resolution.** Training and support for staff using Connect Oregon may aid in ensuring that referrals are sent to the appropriate organizations (thereby increasing referral acceptance) and that case resolutions are documented on the platform. In particular, training related to the use of default case outcome descriptions may increase their utilization, decreasing the use of free-text documentation and creating opportunities to better track client outcomes.

Next steps

In 2024, we will use an additional year of Connect Oregon data to update the analyses in this report and further explore trends in referral and case outcomes across demographic groups, service types, organization characteristics, and regions.

Focus groups were conducted with CCO Care Coordination teams and the 211info Coordination Center staff over the summer of 2023. Focus groups with CBOs and clinical providers, as well as interviews with clients will be conducted in the fall of 2023 and winter 2024. In addition, a survey of Connect Oregon users will be conducted in winter 2024.

Results of these additional analyses will be published in summer 2024.