



MHCC Request for Information

Advancing the Integration of Social Needs Screening and Closed-Loop Referral Systems in Maryland through the State-Designated Health Information Exchange, CRISP

MAY 21, 2026

Presentation Overview



- ▶ Value of social needs data
- ▶ Request for information – purpose and summary of responses
- ▶ Opportunities to advance interoperability with community and social support services

Integrating Clinical and Social Needs Data and Workflows – Benefits



- ▶ Provides critical insight into social, economic, and environmental factors that influence health outcomes
- ▶ Offers a more comprehensive view of individual health and well-being that supports whole-person care
- ▶ Strengthens targeted interventions for underserved populations to help reduce disparities
- ▶ Enhances decision making and informs care planning between clinical care teams, payers, and community-based organizations (CBOs)

A Closer Look at CBOs



- ▶ CBOs are nonprofit groups that provide essential social and supportive services
- ▶ They vary widely in size and structure, including large, mid-sized, multi-site, and small grassroots organizations, and they operate across multiple jurisdictions, funding streams, and service areas
 - Examples: Maryland Food Bank, House of Ruth, Green & Healthy Homes Initiative, Health Care for the Homeless, etc.

Social Needs Data: Exchange Landscape



- ▶ Policies and standards for social needs data exchange are evolving, although implementation remains fragmented across technology platforms
 - Technology vendors generally offer proprietary tools that support social needs assessments, community resource directories, closed-loop referrals, care coordination workflows, and analytics
- ▶ Limited infrastructure among CBOs and uneven technology adoption continue to hinder closed-loop referral workflows (e.g., CBOs that onboard onto one platform may not communicate with providers, health plans, or other CBOs that have contracted with different platform vendors)

Request for Information



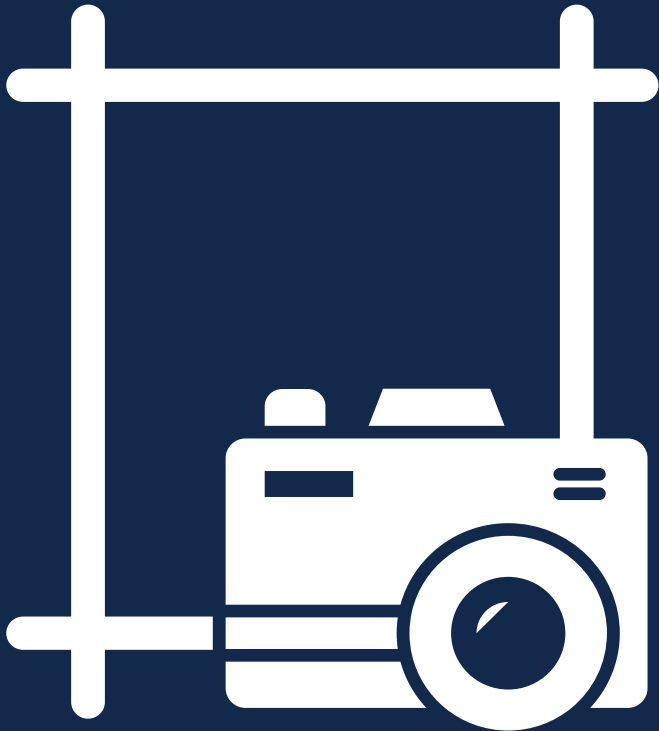
- ▶ Staff released a Request for Information (RFI) on March 6, 2026: *Advancing the Integration of Social Needs Screening and Closed-Loop Referral Systems in Maryland through the State-Designated Health Information Exchange, CRISP*
 - CBOs, providers, payers, technology vendors, and consumer representatives were encouraged to respond by April 3, 2026

- ▶ The purpose of the RFI was to gather insights on the policy and operational infrastructure needed to support closed loop referrals
 - Respondents identified core technical requirements that they view as essential to enabling interoperable and scalable platforms across CBOs, providers, payers, and health information exchanges (HIEs)

Snapshot of Responses



- ▶ 26 organizations responded to the RFI
 - Technology Vendors – 17 (65%)
 - CBOs – 3 (12%)
 - Health Systems – 3 (12%)
 - Health System / Payer – 1 (4%)
 - Regional HIE – 1 (4%)
 - State Agency – 1 (4%)





RFI – Questions

- ▶ **Qualitative Feedback on Features (1-2)**
Respondents assessed 72 features based on necessity (must-have vs. nice-to-have), as well as expected impact and effort
- ▶ **Barriers to Integration with CRISP (3)**
Identification of technical, financial, and regulatory challenges that could limit integration between social needs platforms and CRISP
- ▶ **Incentives & Support Needs for Vendor State Recognition Program (4)**
Input on what would motivate or enable vendors to pursue a recognition program to integrate with CRISP (e.g., funding, technical assistance, policy alignment)
- ▶ **Social Needs Screening Tools (5)**
Overview of tools currently in use, along with strengths and weaknesses
- ▶ **Referral Platforms & Functionality (6)**
Information on referral systems currently used, including strengths/weaknesses and whether they support payment or billing functions
- ▶ **CBO Contracting and Billing Questions (7-9)**
Whether and how CBOs contract with payers/providers, including payment models, billing approaches, technology infrastructure, etc. (e.g., larger CBOs acting as billing intermediaries)



Response Themes

Essential Features



- ▶ Social care platform features viewed as essential to create unified clinical and social care teams generally support the following:
 - Reduce burden for care team members by enabling end-to-end electronic referral/care management and streamlined communication across the care team (e.g., direct messaging across organizations, shared view of referral history/outcomes, task assignment and tracking)
 - Allow organizations to safely and securely operate across different operational and regulatory frameworks (e.g., granular consent, role-based access, data encryption)
 - Enhance consumer access and agency (e.g., accessible interface available in multiple languages; ability to view personal data, message providers, self-refer to services)

Screening Tools & Referral Platforms



- ▶ Standardized screening tools support consistent reporting, benchmarking, and limited interoperability; custom tools may be needed for different settings and patient populations
 - Provide flexibility and supports structured data
- ▶ Referral platforms are generally easy to use and integrate with electronic health record (EHR) vendors; however, participation among CBOs remains fragmented and billing capabilities are not widely adopted
 - Navigating multiple systems limits closed-loop coordination

Technical Challenges



- ▶ Bi-directional data exchange between EHRs and social care technology vendors
- ▶ Siloed systems across screening and resource directories impedes coordination with CBOs
- ▶ Definitions and outcome measures vary; for example, whether a closed-loop referral is considered sent, accepted, completed, or resolved
- ▶ Integration of data into existing clinical workflows and CRISP technology requires time and resources



Advancing Integration between Social Care Technology Vendors and CRISP

Next Steps



- ▶ Explore pathways (e.g., register social care technology vendors that meet statutory definition of an HIE in COMAR 10.25.18) that advance interoperability through CRISP to support statewide data sharing and referral workflows across clinical and social care settings and access to these data for public health analyses
- ▶ Work with State agency partners and stakeholders to identify how to advance a statewide SDoH strategy that encompasses bridging the gaps between providers, payers, and CBOs

The End





Appendix

RFI Respondents



EHR Vendor — MEDITECH

Regional HIE — Michigan Health Information Network (MHIN)

State Agency — Maryland Department of Aging

Health Systems — Johns Hopkins; MedStar Health; TidalHealth; Kaiser Permanente Community Health

CBOs — AHEC West; Maryland Living Well Center of Excellence; The Medi Community Resource Center

Technology Vendors — Blooming Health; Findhelp; Dimagi; Gray Matter Analytics; Helios Connect; Hyphen; Ignyte; Innovaccer; Julota; kbrax; Mon Ami; Ready Computing; Rovicare; Syndicus; Violet Health; Unite Us