

Executive Summary: Implementing a Community Referral Platform: Recommendations From a Real-World Implementation Experience

The conditions in which people are born, live, learn, work, play, worship and age strongly influence health outcomes and quality of life.¹ Research has shown that social risk factors impact health care quality,² cost, use and patient outcomes.³

Organizations are increasingly using community resource referral platforms in their work to address social determinants of health (SDOH) for their populations. These are commonly designed with two primary purposes:

1. Provide an up-to-date resource directory that can be filtered to target different geographic regions, services offered and eligibility criteria, and
2. Track referrals and “close the loop” to know the referral outcome: Did the patient use the service and what was the result?

There are many community resource referral platforms on the market⁴ and the journey to implementation is not straightforward. This catalog of implementation challenges and recommendations is designed to be a guide for organizations following a similar path.

Organizations should consider the lessons learned and recommendations herein when planning to implement a community resource referral platform. Issues fell into 10 categories: HIPAA; Part 2; patient consent; trust/relationships; consistent engagement; data availability; vision/goal alignment; system integration; workflow alignment; and education. A summarized version is available below in Table 1.

Table 1: Summary Table of Lessons Learned and Recommendations

Lesson Learned	Recommendation
There were few clear benefits to CBOs for adding new workflows, which affected the rate of uptake.	Provide access to the platform, workflow consultation, implementation support and ongoing support at no cost to CBOs.
	Provide funding or other benefits to organizations, such as CBOs, that will likely not receive financial benefit from the platform.
	Ensure the team works to gain a clear understanding of the CBO's goals and needs.
	Work with CBOs to identify reasons that will motivate them to participate.
CBOs considered the platform supplemental rather than necessary for workflows.	Consider CBO needs and how the platform can address them; market the platform accordingly.
CBOs need to focus limited resources on activities with the greatest value for and highest impact on clients/patients.	Host co-design sessions to engage CBOs and understand their goals for the platform.
	Build capacity in CBOs to be able to accept more referrals.

¹ Office of Disease Prevention and Health Promotion. (2020). *Healthy People 2020*. Retrieved December 14, 2020, from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

² HHS. (2017). *Report to Congress: Social Risk Factors and Performance under Medicare's Value-Based Purchasing Programs*. United States Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Washington, DC: United States Department of Health and Human Services.

³ NASEM. (2016). *Accounting for social risk factors in Medicare payment: identifying social risk factors*. National Academies of Sciences, Engineering and Medicine (NASEM). Washington, DC: The National Academies Press.

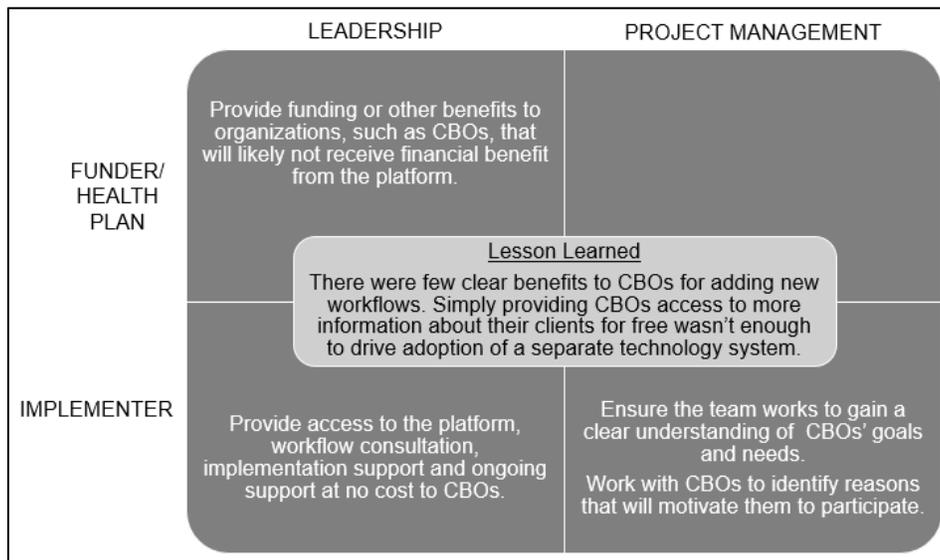
⁴ Cartier, Y., Fichenberg, C., & Gottlieb, L. (2019). *Community Resource Referral Platforms: A Guide for Health Care Organizations*. *SIREN*. Retrieved from <https://sirenetwork.ucsf.edu/sites/sirenetwork.ucsf.edu/files/wysiwyg/Community-Resource-Referral-Platforms-Guide.pdf>

Lesson Learned	Recommendation
Electronic messaging didn't initiate and develop working relationships across organizations.	Develop new workflows and relationships across organizations prior to technology launch.
	Drive platform engagement by ensuring that specific use cases cannot be completed in any other way.
	Ensure CBO leadership conveys to staff the importance of using the system and explains how it will impact work.
	Facilitate face-to-face or webcam-enabled case conference meetings to help build trusting relationships between organizations that share care for large numbers of patients.
End users' patient privacy concerns can derail uptake of new technology.	Train all relevant staff members about HIPAA compliance in conjunction with or prior to technology platform training.
	Ensure that staff feel comfortable with the features and functionality of the platform as well as the new workflows.
Asynchronous electronic communication wasn't initially trusted for high-stake, time-sensitive communications.	Ensure the platform triages messages to an appropriate individual regardless of staff schedules.
	Publish transparent statistics showing average response times overall and by organization for different types of messages.
	Identify a platform champion at each organization who is trusted by end users.
Consistent CBO legal counsel engagement prevents rework.	Explicitly discuss how to engage CBO counsel throughout the project.
	Prepare short project updates for and meet with CBO legal counsel to discuss concerns that arise.
	Address privacy, security, Part 2 and patient consent early in the design process.
	Provide consistent staff communication about consent, authorization and Part 2 provisions.
	Consider a data sharing agreement for all the organizations sharing data.
	Include the funding health plan's legal team in all legal discussions.
Data not being available when staff expects it to be can lead to mistrust in the platform.	Increase the percentage of CBO patients and clients in the platform to improve its value as a tool for CBO staff.
	Prioritize new platform implementation at CBOs with a high percentage of patients and clients from the plan, to enhance platform value for CBO end users.
	Advise patients on how to renew their coverage, especially if platform inclusion depends on health insurance coverage.
	Integrate data into organization's primary computer system when possible.
	Educate end users on the sources of data in the system.
Staff are unlikely to use multiple applications without a compelling use case.	Identify platforms currently used in the community to avoid redundancies when possible.
Sporadic involvement of key decision makers meant revisiting issues and decisions and slowed progress.	Remind members periodically why they committed to this effort and why it is important, and what the effects are when they aren't there to lead.
Staff members' concerns can't be addressed if leadership doesn't know about them.	Ensure open communication between leadership and staff.
	Reach out to organizations or specific users with reduced platform usage to understand and resolve barriers.
	Include end users on the advisory committee.

Lesson Learned	Recommendation
CBO staff includes part-time employees and volunteers, making consistent engagement, communication and training challenging.	Integrate platform training into staff onboarding and ongoing professional development plans.
Staff and leadership turnover affected CBO participation, project decision making and implementation speed.	Create a memorandum of understanding covering transition planning in case a specific leader or project manager leaves the organization.
	Build a professional pipeline and career ladder for staff in key roles.
	Educate staff frequently about the project's purpose and how it will benefit patients and clients.
	Fund additional training and development programs for care management and care coordination.
Unintentional inequities can arise in a multiorganizational governance structure.	Define equitable processes to allow everyone to participate.
Extensive experience implementing similar platforms at medical homes and hospitals did not translate as well as anticipated to the CBO environment.	Build extra time into the project plan even if you are experienced at implementing similar technologies in health care settings.
	Consider providing customized training for each organization, delivered by an experienced care coordinator.
	Partner with an organization that has significant relationships with intersectoral partners, which will help engage CBO participants.
The platform should reflect both CBO and medical home workflows and terminologies.	Ensure CBO end users need to see their workflows and experience reflected in the platform.
It is important to include an evaluation plan, key metrics and a way to share findings with the broader community in every implementation project.	Determine the expected impact of the platform. Select metrics and a method to measure a baseline rate and track progress.
	Share your experience and join the conversation at our Digital Measurement Community discussion, found at: https://www.ncqa.org/digital-measures/ .

Each lesson learned is associated with one or many recommendations and is targeted to specific organization types and staff types as shown in Figure 1 below.

Figure 1: Recommendations to address a lesson learned, for various audiences



How to Use the Companion Documents

In the Executive Summary:

Figure 1 describes how lessons learned link to one or more recommendations, targeted to specific staff types and organizations.

Table 1 provides a brief overview statement of each lesson learned and recommendation, as well as the organization and staff types who might benefit most from the information.

In the full White Paper:

Some issues require up-front thinking to plan for during the project. A sample implementation timeline is provided in Table 2 and each lesson and recommendation is coded for when it is most useful during implementation.

Tables 3 and 4 contain more detailed information about lessons learned and recommendations.

Lessons and recommendations are targeted to different roles (e.g., leadership, project managers, end users) and different organization types (e.g., funders, implementors, community-based organization staff, medical home staff). Each is coded for the type of participant who will find the information most useful.

Appendix A provides additional information about Community Resource Referral Platforms.

Appendix B provides additional information about the Reference Implementation studied, and methods used.

In the Associated Excel Files:

Lessons Learned and Recommendations are sortable by role, organization type, issue type, and milestone.

Share your experience and join the conversation at our Digital Measurement Community discussion.

1. Go to: <https://www.ncqa.org/digital-measures/>.
2. Click the blue “Get Access” button on the top right.
3. Click “Create Account” on the bottom right, enter information, and click “Submit” button.
4. Scroll down to mid-page and click on “[View Community Forum](#)”.
5. Click on “Latest” to find “*Implementing a Community Referral Platform*” post or Click on “*Digital Innovation*” underneath category on the left to locate “*Implementing a Community Referral Platform*” or search “*Implementing a Community Referral Platform*” in the search bar on the right-hand side of the banner.
6. Once post is located, comment by clicking “*Reply*” on the bottom right of the post.

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