

Findings from Year 1 of Highlighting and Assessing Referral Platform Participation (HARP)

A collaboration between Trenton Health Team and the Social Interventions Research and Evaluation Network



October 2021

Summary

In 2020, Trenton Health Team received funding from the Robert Wood Johnson Foundation to test ways to improve use of the NowPow community resource referral platform among Trenton community-based organizations.

The following are key findings from the project's first year:

- Trenton CBOs value the up-to-date searchable community directory, but the value of electronic referrals is less obvious, especially for organizations that don't provide case management.
- Pre-existing referral systems and processes, pre-existing familiarity with community resources, and stretched human resources all contribute to CBOs not adopting the community referral technology.
- Financial incentives to use community referral technology do not seem to motivate CBOs.
- Promising engagement strategies include: a centralized referral hub, monthly data insights, tailored training, a marketing campaign, and grants for services that require platform use.



Background

How did HARP come about?

Trenton Health Team (THT) is an innovative, multi-sector partnership dedicated to the health and well-being of the greater Trenton community. THT works to expand access to high-quality, coordinated, cost-effective healthcare and to address housing quality, food security, neighborhood safety, education and social inequities inextricably linked to poor health outcomes.

In 2018, in response to the need for infrastructure to support better alignment and coordination across sectors, THT began implementing a community resource referral platform, NowPow. After collectively developing processes and agreements about how to use the platform to support care coordination in Trenton, 27 organizations agreed to use it.

However, one year into implementation, few CBOs were using the platform on a regular basis. THT therefore decided to conduct a research study with collaborators at the Social Interventions Research and Evaluation Network (SIREN) at the University of California, San Francisco, to better understand why CBOs were not regularly using NowPow and design and test strategies to increase engagement with the tool. The two-year study, entitled Highlighting and Assessing Referral Platform Participation (HARP), is being funded by the Robert Wood Johnson Foundation through the Aligning Systems for Health program facilitated by the Georgia Health Policy Center. Here, we report on our findings from the first phase of HARP.

What is NowPow?

NowPow is a technology that provides an up-to-date directory of community resources and services and a way to send and receive direct e-referrals and communicate about referral outcomes.

With NowPow, Trenton care providers can:

- Search a Trenton-Mercer specific community resource directory
- Create curated listings of local resources and services
- Easily share community resource information with clients
- Make direct e-referrals to other organizations
- Close the loop on referrals
- Measure and identify community needs and service gaps



What are the goals of HARP?

1. To identify barriers preventing community organizations in Trenton from fully participating in NowPow, as well as strategies to address these barriers.
2. To design and test solutions to encourage and expand platform participation in order to optimize use of community resources and improve cross-sector care coordination for Trenton residents.

May 2020 - Feb 2021
Shared in this report

Mar 2021 - April 2022
Publication in 2022

What did we do in Year 1?



To understand what Trenton CBOs think of the platform and the factors that affect their use of it we interviewed 28 frontline staff and leaders of 16 organizations (split between high, moderate, low, and no NowPow use).

To identify engagement strategies to test in Trenton, we conducted 9 interviews with organizations outside of Trenton that had implemented similar platforms/initiatives and 2 interviews with representatives from NowPow and Unite Us.

Finally, to get feedback from Trenton CBOs on possible engagement strategies we surveyed 61 staff and leaders from Trenton CBOs.

Here's what we learned from

- Trenton CBO interviews
 - Value
 - Barriers
 - Incentives
- External community interviews
- Feedback on potential strategies

The resource directory and shareable resource lists were widely valued features

Organizations across sectors and levels of use highlighted the value of the resource directory as a centralized source of updated service information. They also appreciated the ability to build tailored resource lists and share them with clients. A few interviewees also valued advertising their services through the resource directory.

"One of the things that we always struggled with was keeping referral sources up to date. [...] I don't have to worry about any of those things anymore. I have a staff member that calls me and says, 'I have a patient in my office right now. I need such and such a resource.' My answer is go on NowPow. Pull it off. You can print it. You can nudge it over to them by email, by text. You don't need to call around and ask a whole bunch of questions. All of that data is centralized, and that's a game changer."

Highly engaged users also valued electronic referrals

Those who used the platform more regularly valued e-referrals, giving the following reasons:

- Saves time
- Provides assurance that the agency received the referral and will follow up with client
- Creates a place to do case management

"I'm not playing phone tag with somebody to give them an update on whether or not I was able to visit someone [...] so it really streamlines it and even though it's an online tool, it actually has given us a better relationship with our community partners."

"I mean, the great thing is that [the agency is] participating, that they're agreeing to follow up, if I'm understanding that right, which I think is great. [...] I thought that was probably one of the best things, was you could actually say to somebody, "You're going to get a call. You will be contacted." Then when they actually are, 'Wow, somebody actually called me. They did. They called me. I got a call.' I'm like, 'Yeah, I told you it works.'"

Top Barrier to Use: Low Perceived Need for the Platform

Most organizations that declined NowPow use or that don't use it do not have a strong perceived need for the platform, either because they do not need to make or receive referrals, because they already have strong contacts with the organizations they refer to, and/or because they are required or strongly incentivized to use another case management system (e.g. HMIS). These organizations felt that their current processes worked well enough and didn't perceive a need to implement something new.

However, lack of perceived need stemmed partly from lack of awareness or understanding of the platform's functionalities. For example, several interviewees were surprised to hear during the interviews about what NowPow could do (particularly related to electronic referrals) and expressed interest in receiving platform training after the interview.

"We don't really do case management. And I think that that tool is really good for someone who would be responsible for doing case management."

"For the most part I save resources that work for me [in my notebook] and I don't ever have to worry about looking for it and trying and failing."

Organizational and functional barriers

Those who expressed a need for and value of the platform still faced several organizational barriers to adopting it and using it regularly:

- Time and energy needed to learn tool & integrate into workflow
- Staff stretched thin
- Resistance to change
- Lack of tech-savviness
- Turnover in leadership or staff
- New technology fatigue

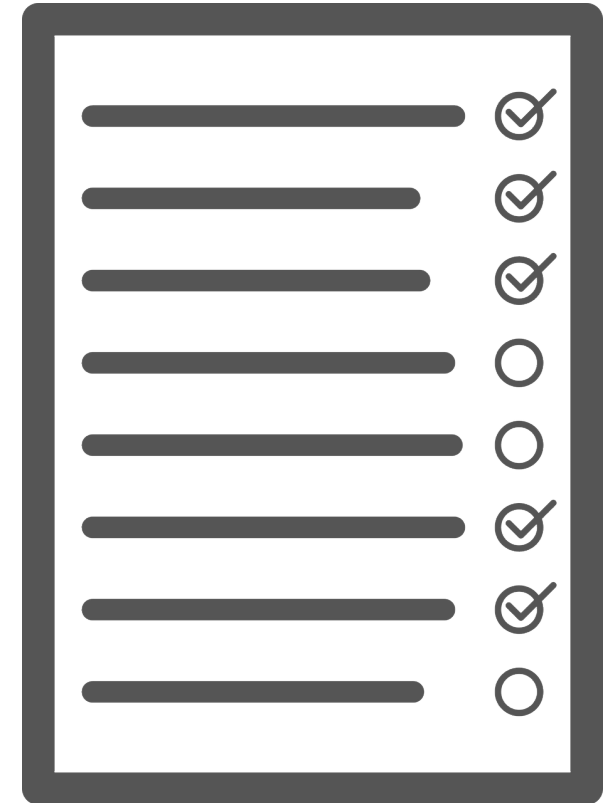
Some interviewees raised specific concerns about platform functionalities, such as:

- Lack of appropriate resources in directory for certain populations or geographic areas
- Not enough organizations accepting e-referrals
- Screening tool format too long
- Not receiving hoped-for volume of referrals
- Unsure of referral outcomes or benefit to patient

Who seems to benefit most from the platform?

Most of the organizations that were regularly using the platform shared the following characteristics:

- They offered case management or social needs navigation services to their clients, patients, or students;
- They did not already have another system for case management or referrals;
- Some of their case managers began their positions without a high level of familiarity with community resources;
- Upper management and leadership at the organization were aware of the platform;
- The types of resources in the directory match the populations being served by the organization and their needs.



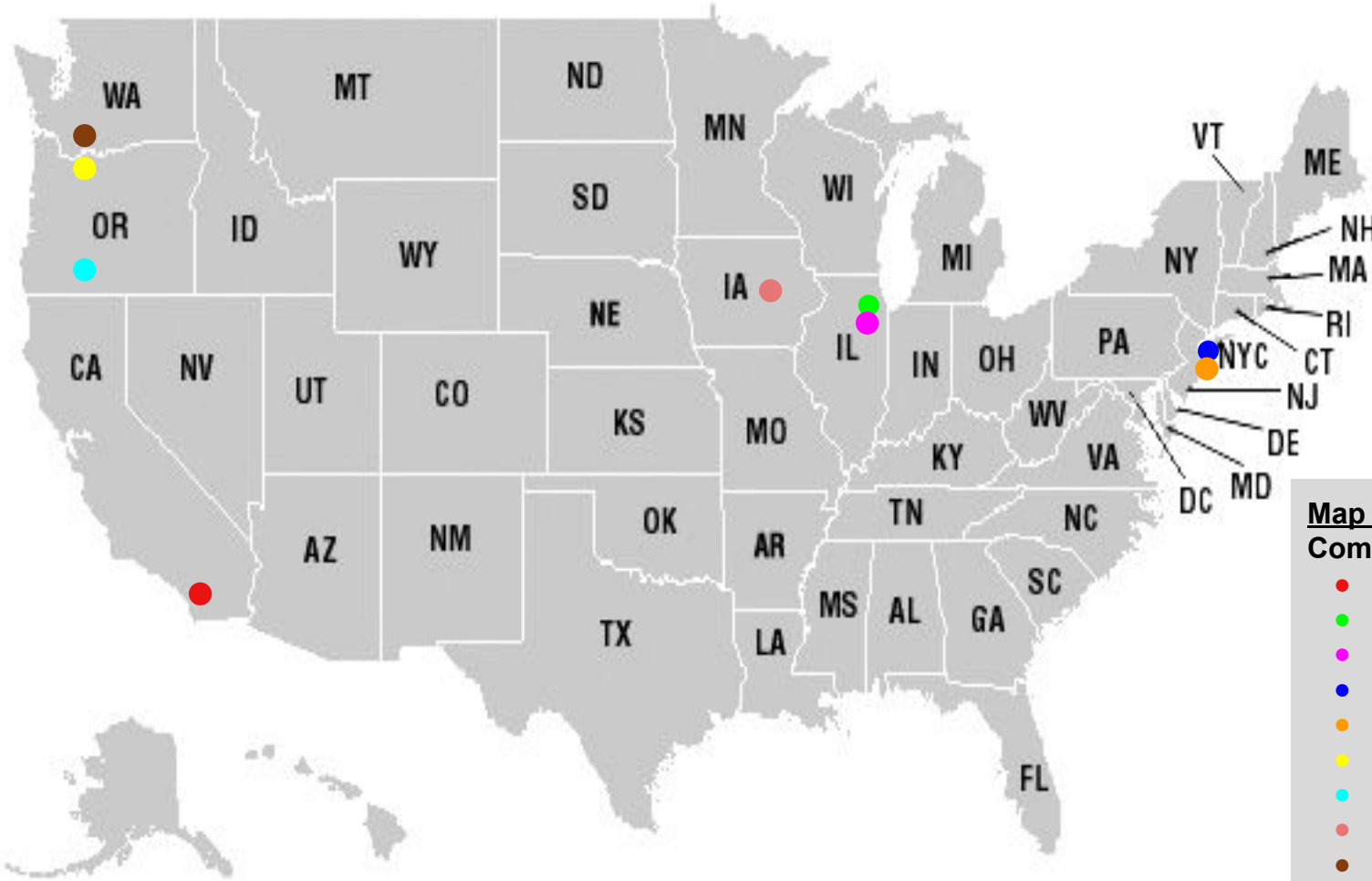
Monetary incentives are not the best solution

In our interviews, we asked if monetary incentives would help encourage use of NowPow. Overall, CBOs had a *negative* reaction to monetary incentives. Reasons included:

- If staff find value in the tool, they shouldn't need incentives.
- Staff could make referrals for the incentive rather than because the client needs it.
- Incentives are not sustainable.
- Having access to the tool free of charge is already an incentive.

"[You need to be sure that] you're making the referral for the right reason, because the person needs that, and not sort of stacking the deck there to get any kind of incentive. [...] Not, 'oh, I definitely want to get this cool whatever, so let me slide in a few more referrals there to get over the marker to get my whatever I'm getting.'"

External community interview sites



To gather ideas for engagement strategies to test in Trenton, we spoke to 9 organizations outside of Trenton that had had some success in implementing similar platforms.

We also interviewed representatives from Unite Us and NowPow (pre-acquisition)

Map Key

Community and Platform

- [2-1-1 San Diego \(Homegrown on Salesforce\)](#)
- [United Way of Chicago \(NowPow\)](#)
- [Rush University Medical Center \(NowPow\)](#)
- [OneCity Health - Bronx and Brooklyn Hub \(NowPow/Unite Us\)](#)
- [Public Health Solutions \(NowPow/Unite Us\)](#)
- [Insight for Action/Kaiser \(Unite Us\)](#)
- [United Way of Jackson County \(Riverstar\)](#)
- [Linn County Department of Health \(Signify Community\)](#)
- [Southwest Washington Accountable Community for Health, WA \(CCS\)](#)

(Unite Us and NowPow representatives not shown on map)

External communities' network models

External communities varied in the ways they used a platform:

- A. Network size: Some had a small network (e.g. 10-15 organizations), limited to a specific service type (e.g. food insecurity) or a small geography. Others were using the platform across a broad network of community partners in a large metropolitan area.
- B. Who funds and owns the tool: In most of the communities, the tool was funded and deployed by one organization, but in one community, multiple organizations jointly funded and managed the platform. A second community had grant funding for the first two years and was planning to transition to a co-funding model once the grant finished.
- C. Convenor involvement: While in some cases the organization administering the network served solely in a convening or "backbone" capacity, many convenors also provided direct services and as such generated a lot of referral activity on the platforms.
- D. Centering a care model: One community was implementing the [Pathways Community HUB Model](#), which defines interventions for care coordinators to complete "pathways" which are reimbursed by the hub.

Barriers to engaging CBOs

External communities also struggled to engage CBOs in using the platforms. Barriers included:

- Limited staff capacity to use the system
- Program eligibility criteria are complex and can't be assessed through the platform
- Double documentation due to having multiple systems (e.g. other referral platforms, HMIS)
- CBOs may not fully understand the initiative, think it could be competing with another local initiative
- Using different screening tools for other programs
- Competition for resources between CBOs limits desire to collaborate

Engagement strategies

Strategies to overcome barriers included:

- Starting with or concentrating on a small network with a narrow scope, such as addressing family food insecurity
- Intensive tailored engagement at different levels in the organization, to figure out the value for each organization and to help them fit the platform into their workflow.
- Collective design and ownership of the tool, e.g. co-design of the social risk screening tool used in the platform and sharing of licensing costs.
- Centralized care coordinators that CBOs with limited capacity could send clients to for goal-setting, referrals, and follow up.
- Tool use required as part of funded project, such as pantries accepting referrals through the platform as part of participation in a funded food insecurity collaborative

Financial incentives sometimes helped but were not sufficient and not sustainable.



Suggested engagement strategies

- **Centralized Social Needs Screening and Referral Hub**
CBOs can refer patients to THT through the platform for social needs screenings and navigation for orgs that are short-staffed and don't have the capacity to use the tool themselves.
- **Monthly Data Insights**
Monthly platform utilization reports sent to user organizations showing end-user activity, client needs, etc; data can be used to support organization's current and future grant funding and reporting.
- **Intensive Tailored Onboarding and Training**
Significant time to discuss and support the integration of the platform into the workflow and provide continuous support and technical assistance.
- **Grant for Services**
Organizations receive grants from THT to deliver an intervention that requires use of the platform (e.g. eligible clients are referred through NowPow).
- **Reimbursement for Training**
Organizations/departments are reimbursed for the time their staff spend receiving training on how to use the platform.
- **Marketing Campaign**
Promotional materials (social media posts, email blasts, videos) illustrating the value of the tool for the client, organization and community to market and drive demand for the platform.
- **Endorsements**
THT works with influential agencies and organizations in Trenton and Mercer County to build consensus and endorsement to adopt the platform as a community.

Synthesizing potential strategies

After conducting interviews with CBOs in Trenton and community networks across the country, we engaged in the following process to identify potential strategies to test in the second year of HARP:

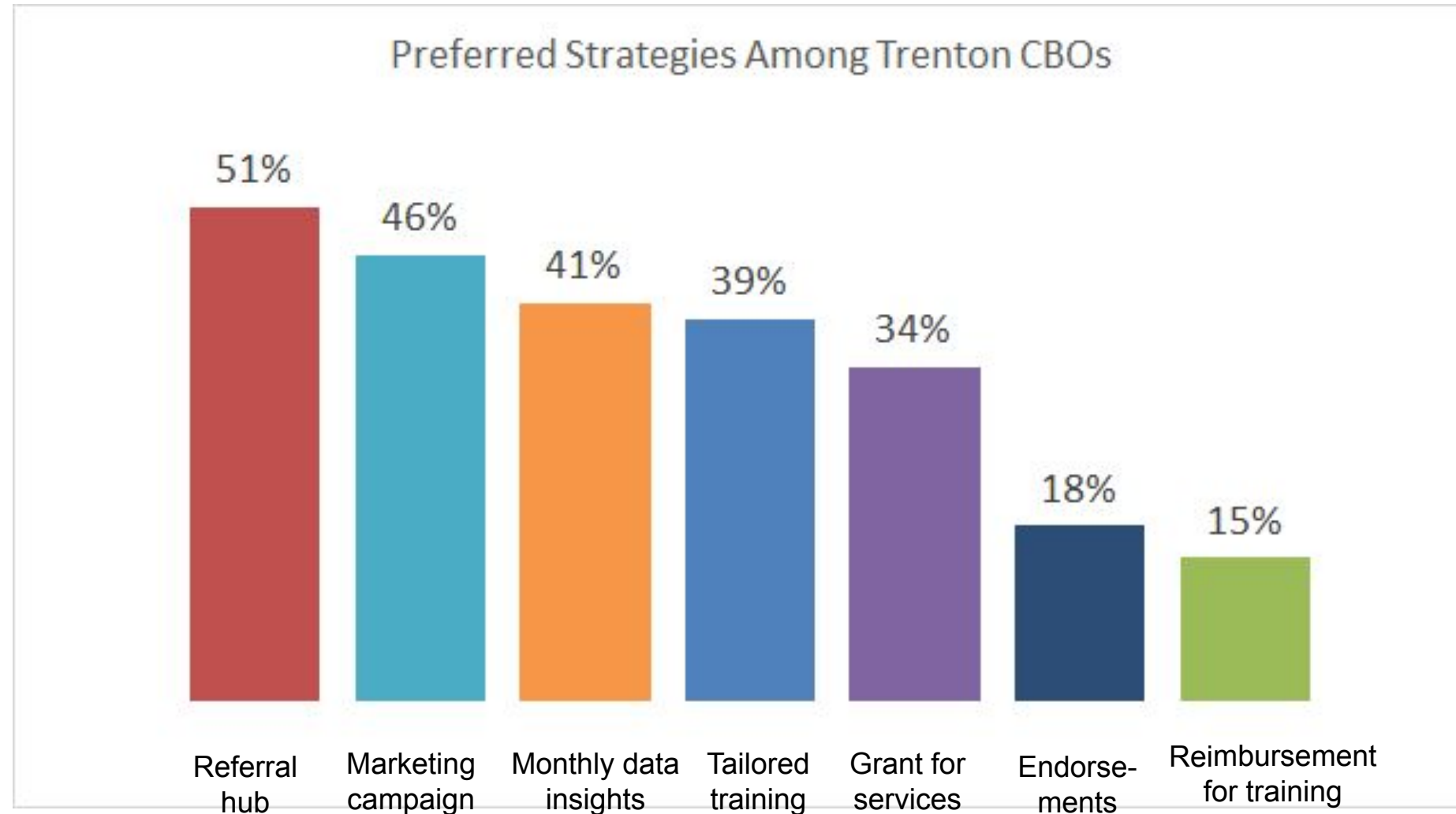
- Extraction of barriers and suggested engagement strategies from interview transcripts
- Feedback sessions with the project advisory committee and local platform network steering committee to generate further ideas and brainstorm criteria by which to weight strategies
- Project team meetings to generate a short list of strategies to present to platform end-users to elicit their preferences through a survey

We present the short list of strategies on the next page.

Which strategies did Trenton CBOs prefer?

To understand which strategies would be most helpful, we surveyed staff at organizations in the Trenton platform network and asked them to select their top 3 preferred strategies.

61 people responded (18% response rate).





Conclusion

Lessons learned so far

- Trenton CBOs value the community directory, but the value of electronic referrals is not obvious to CBOs, especially if they don't do case management.
- Pre-existing referral systems and processes, pre-existing familiarity with community resources, and stretched human resources all contribute to CBOs not adopting new community referral technology.
- Financial incentives to use community referral technology do not seem to motivate CBOs.
- Promising engagement strategies include: a centralized referral hub, monthly data insights, tailored training, a marketing campaign, and grants for services that require platform use.

Next Steps

Based on feedback from Trenton CBOs, THT is currently piloting the following strategies:

1. Data insights
2. A centralized referral hub
3. Tailored onboarding and training
4. A marketing campaign

Stay tuned in late 2022 for learnings from the second phase of this project....

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