Building Bridges: A Case Study on Engaging Clinical and Community Partners to Identify a Common Referral Platform

This case study highlights one example of an Accountable Health Communities (AHC) Model participant, or bridge organization, that harnessed community motivation to unite around a common referral platform. United Way of Greater Cleveland (UWGC) is a nonprofit organization operating in Cuyahoga County, Ohio that partners with three health systems and many community-based organizations (CBOs) to address the health-related social needs (HRSNs) of a subset of the local community through screening, community resource referral, and navigation. As a trusted organization, they were able to bring together clinical and community partners, elevate CBO voices, and create future opportunities for continued collaboration around community referral platforms. This case study provides actionable strategies that community organizations and health systems can consider as they collaboratively identify and implement community service referral platforms.

LEVERAGING TRUSTED COMMUNITY PARTNERSHIPS TO PURSUE A COMMON REFERRAL PLATFORM

As an AHC Model bridge organization, UWGC brings together clinical and community services, and its multisector advisory board informs the community's efforts to address HRSNs amongst participating Medicaid and Medicare beneficiaries. Early in model implementation, the advisory board noted the opportunity for a community-wide data system, such as a resource referral platform, to link patients across multiple systems. Concurrently, local public health departments, health systems, and regional convening organizations conducted a community health needs assessment (CHNA) to better understand the barriers to health in the region, which often involved patients' HRSNs. To meet patients' needs, each health system sought to invest in an HRSN resource referral platform to ensure patients receive whole person care in the most appropriate setting to meet their needs, which may be in community settings rather than clinical ones.

A common referral platform is a community solution that could help:

- Coordinate care across clinical and community services

- Enable health systems to support patients' HRSNs more efficiently

- Serve people regardless of health care provider, allowing residents the flexibility to access more than one health system or community health center

As health systems expanded their HRSN screenings and considered solutions for HRSN referral tracking, UWGC recognized the risk of creating duplicate platforms, and thus selecting a platform that was unlikely to be used by community members and partners, possibly further fragmenting care systems. Therefore, it was critical to bring health systems and CBOs together to identify this risk and encourage a collaborative process. UWGC sought to include CBOs' perspective to help inform health system priorities and decision making because successful implementation would require CBOs' buy-in and capacity to participate. To ensure that health systems could more easily incorporate the valuable voices of CBOs in this process, UWGC, HIP-Cuyahoga, Better Health Partnership, and The Center for Health Affairs acted as neutral conveners to facilitate collaboration in the selection of a referral platform (Figure 1). These organizations collectively had a long history of facilitating multisector collaboration and building community trust. They leveraged this expertise to bring together CBOs and share their view with health system decision makers in support of solutions that optimized the community's capacity to address the barriers to health and well-being identified in the CHNA.

The neutral conveners underscored the following ways through which a common referral platform could expand CBOs' capacity to address HRSNs:

- **Expanding CBOs' ability to track referrals to and from other providers and other CBOs.** With the transparency of referral platforms, entities referring people will be able to see whether their referrals are received; addressed; and, if appropriate, resolved, improving the efficacy and efficiency of referrals over time.

- **Establishing connections between CBOs and health systems.** Using a centralized platform, health systems can partner with more CBOs in the community, ensuring people have access to the resources that best meet their needs.

- **Creating opportunities to track short- and long-term outcomes and align investments.** A platform with a master database can track use of social services and health care over time and across providers, highlighting whether and how people's needs were resolved.

- **Increasing timely awareness of the resource landscape.** Resource availability can change rapidly for various reasons, including natural disasters, economic downturns, seasonal employment cycles, and CBO capacity fluctuations. A common referral platform would help make this information more readily available for referring agencies.

Figure 1. Introducing the key referral platform collaborators

	Neutral conveners				
Health systems	United Way of Greater Cleveland	Health Improvement Partnership of Cuyahoga (HIP-Cuyahoga)	The Center for Health Affairs	Better Health Partnership	Community based organizations
Clinical providers that refer patients to service providers to address HRSNs	AHC Model awardee that runs 2-1-1 and works with health systems and CBOs on HRSN screening, referral, and navigation	County public health collaborative with a focus on racial equity	Regional hospital trade association that co-conducted the CHNA	Regional health improvement collaborative with focus on drivers of health	Service providers that address individuals' HRSNs and receive referrals from health care providers
Invested in referral platform and made decisions about functionality	Leveraged long-standing relationships with CBOs to ensure community voices informed the platform selection process	Led initial effort to identify community needs through the CHNA	Engaged hospitals in a discussion about maximizing the community benefits of the platform	Leveraged history of engaging primary care and ambulatory providers to support the CHNA	Shared valuable insights about optimizing the referral platform's community impact

Neutral conveners, community based organizations, and health systems each played critical roles in the selection of a referral platform. This figure describes each organization and their responsibilities and strengths related to this effort.

ELEVATING THE VOICE OF CBOS TO INFORM THE DECISION-MAKING PROCESS

The neutral conveners collaborated to better understand CBO and health system priorities and identify a process that incorporated the CBO perspective throughout the referral platform selection process. To incorporate CBO voices, the conveners implemented two strategies over the course of the year (Figure 2). First, the organizations surveyed CBOs to better understand the current landscape of CBOs' partnerships with health care providers and gauge interest and ability to pursue a common referral platform. Then, UWGC facilitated meetings with the CBOs to surface their priorities for tracking HRSN referrals.

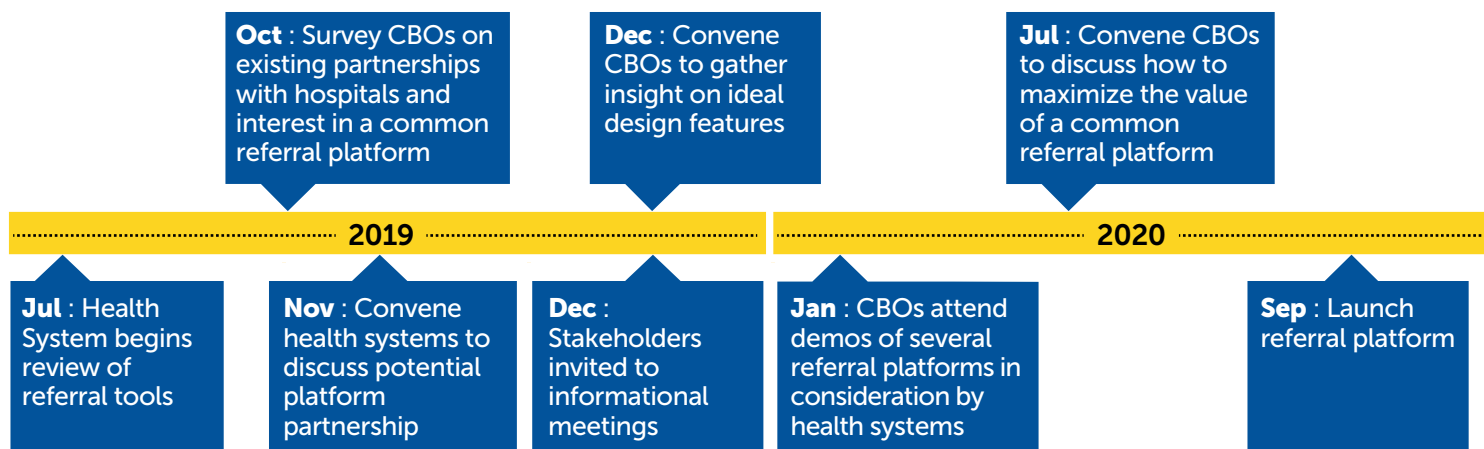**Through this process, CBOs collectively communicated the following priorities:**

- **Using one platform across systems.** Historically, the community health systems used multiple electronic health records which led to confusion, duplication, increased cost, and inefficiency. CBOs wanted to avoid these issues with the referral platform. They emphasized that limited staff and resources constrain their capacity to use multiple platforms. Therefore, CBOs indicated they would need to selectively partner with the platform that made their work most efficient and cost-effective.

- **Understanding referral data and outcomes analysis.** CBOs were interested in understanding the extent to which their services may or may not affect health outcomes and related needs such as food insecurity. These outcomes data would improve their program operations and help inform their strategy development, reporting, fundraising.

Surveying CBOs about the value of a referral platform

How would a referral platform add value to your organization?

How should CBOs be involved in selecting and designing a platform to provide the greatest benefit for patients?

What standardization across health care providers would be helpful as the community embraces more directly addressing HRSNs?

What elements could enhance your organization's ability to respond to referrals?

- **Maintaining open communication with health systems to ensure accurate referrals.** CBOs emphasized that a referral platform is not a substitution for strong clinical–community partnerships and communication. Health systems must understand the types of services their CBO partners are offering to ensure they are referring to the appropriate organization.

- **Ensuring patient privacy and avoiding retraumatizing patients.** Interactions with social service providers often involve confiding personal and sometimes traumatic experiences. CBOs wanted a data system that would minimize the burden on patients while making sure their sensitive information was only available to those who needed to know.
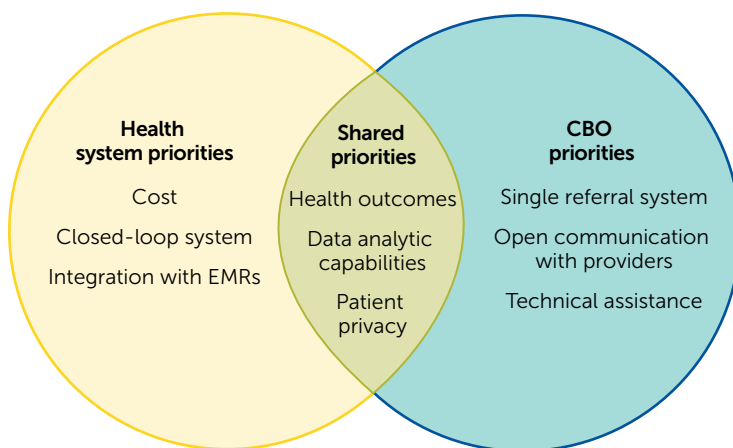
Figure 2. Timeline and key milestones for identifying and selecting a referral platform

Oct : Survey CBOs on existing partnerships with hospitals and interest in a common referral platform

Dec : Convene CBOs to gather insight on ideal design features

Jul : Convene CBOs to discuss how to maximize the value of a common referral platform

2019

2020

Jul : Health System begins review of referral tools

Nov : Convene health systems to discuss potential platform partnership

Dec : Stakeholders invited to informational meetings

Jan : CBOs attend demos of several referral platforms in consideration by health systems

Sep : Launch referral platform

Simultaneously, health systems shared their own priorities for selecting a referral platform. As the primary investors for a referral platform, the health systems had to balance individual procurement requirements and constraints with the desire to arrive at a common solution. While cost was a consideration, there was also interest in ensuring CBOs could access the platform for free. Health systems also prioritized a closed-loop system that could track resolution of needs, integrate with their respective electronic medical records (EMRs), and ensure high privacy standards.

Although CBOs would not have decision-making power in selecting a platform, the conveners would summarize and share their perspectives with the health system decision makers and identify shared priorities across sectors (Figure 3). After each health system refined their list of possible platforms, UWGC invited CBOs to attend vendor demonstrations and encouraged them to ask questions and share their feedback. The conveners again shared this information with the health systems for their consideration as they each deliberated over their final choices.

Figure 3. Identifying shared priorities for a common referral platform

Health system priorities

Cost

Closed-loop system

Integration with EMRs

Shared priorities

Health outcomes

Data analytic capabilities

Patient privacy

CBO priorities

Single referral system

Open communication with providers

Technical assistance

"[Health systems] heard loud and clear from some of the CBOs that if you pick more than one platform, we might just take referrals from one [health system]. And that was really eye opening."

— *Community Impact Lead, Better Health Partnership*

IMPLEMENTING A COMMON REFERRAL PLATFORM AS A COMMUNITY SOLUTION

As of January 2022, four Cuyahoga County, Ohio, health systems were operating within the same community referral platform that includes approximately 170 CBO partners. Health systems addressed several of the shared CBO priorities with the initial platform launch by implementing a single platform to respect CBO capacity limitations, providing technical assistance and training, and developing a shared understanding of referral processes. For example, support staff from the platform vendor are available to train CBOs and offer one-on-one support, which has increased CBOs' comfort level using the new platform. To lower CBOs' financial burden, CBOs have free access to the referral platform due to the financial investment of the health systems.

Opportunities remain to improve the implementation of the referral platform, especially as additional CBOs and health providers consider engaging with the platform.

As referral platform use broadens and deepens, data sharing could support the region by:

Enabling subpopulation analysis to better understand how social needs are concentrated by race, ethnicity, geographic area, and by age

Improving quality of community-wide data to better understand overall trends in HRSNs in the region

Identifying high-performing CBOs to elevate best practices across the community

LESSONS LEARNED AND NEXT STEPS

While UWGC, HIP-Cuyahoga, Better Health Partnership, and The Center for Health Affairs successfully facilitated collaboration among clinical and community partners to inform the process and elevated community voices, several lessons and future opportunities emerged that can inform the continued success and progression of this effort.

Future Opportunities:

Establishing a Shared Governance Structure

- Although clinical and community partners collaborated and identified common goals, health systems ultimately made the decision to invest in a referral platform based on their internal procurement requirements.
- In the next phase of this work, health systems will be moving toward formal advisory roles for CBOs and other local partners who will leverage the referral platform.
- The community could still establish a robust shared governance structure for multisector work that manages peer competition and promotes community solutions. Health systems and their vendor recently kicked off a community advisory council that prioritizes network growth, user experience, and data integration

Data Considerations

- While local health systems aligned on the same referral platform, there will likely continue to be disconnected data sets that could benefit from a neutral organization to aggregate local HRSN-related data and organize a wider set of stakeholders to act based on the data.
- Broader activities would require investing significant resources toward application programming interfaces, data storage and retrieval, and analytics as well as resolving issues of data ownership and intellectual property.
- Data from public safety net agencies and other referral platforms used by Ohio's Medicaid managed care plans would improve the region's understanding of HRSNs. In health care, data integration can demonstrate the effect of addressing HRSNs on clinical measures and health equity. Beyond health care, aggregated need and resolution data can guide strategic decision making and public and private investments to address gaps in resources.