Community Resource Referral Platforms: A Guide for Health Care Organizations

Executive Summary

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Executive Summary

Over the past several years, a dizzying array of new technology platforms have emerged with the shared aim of enabling health care organizations to more easily identify and refer patients to social service organizations. This guide was developed to help safety net health care organizations understand the landscape of these community resource referral platforms and learn from early adopters’ experiences using them. The information in this guide is based on interviews with representatives from 39 organizations, nearly all in health care, that were using one of these platforms, supplemented by product information provided by nine platform vendors on the market in 2018. In this document you will find:

- Descriptions of community resource referral platform functionalities sought by 39 organizations and the ways nine products provide these functionalities. The nine platforms are:
  - Aunt Bertha
  - CharityTracker
  - CrossTx
  - Healthify
  - NowPow
  - One Degree
  - Pieces Iris
  - TAVConnect (TAVHealth)
  - Unite Us

- A side-by-side comparison table and detailed profiles of the features of these nine platforms.

- Implementation lessons learned and recommendations from user organizations.

Key functionalities

The following table summarizes the key functionalities and vendor characteristics that user organizations most often looked for in these platforms (see side-by-side comparison table on pages 5-7 and product profiles on in the full report for details).

<table>
<thead>
<tr>
<th>Functionality</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Functionalities</strong></td>
<td></td>
</tr>
<tr>
<td>Resource directory</td>
<td>A searchable, regularly-updated directory of community-based organizations and agencies providing services that can help address patients’ social needs</td>
</tr>
<tr>
<td>Referral management</td>
<td>The ability to send referrals to community organizations and to track referral outcomes (i.e., close the loop)</td>
</tr>
<tr>
<td><strong>Other Functionalities &amp; Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Privacy protection</td>
<td>Compliance with HIPAA and other privacy regulations</td>
</tr>
<tr>
<td>Systems integration</td>
<td>The ability to seamlessly move from the referral platform to the electronic health record (EHR) and vice versa, and to automatically transfer data between the two systems</td>
</tr>
</tbody>
</table>
### Care coordination/case management
Longitudinal needs and care tracking, ability to define care goals and see referrals, services and other activities

### Reporting and analytics
The capacity to analyze social needs screening and referral activities and outcomes

### Social needs screening
The capacity to record patients’ responses to a questionnaire and identify social needs

### Auto-suggested resources
The ability to tailor resource lists to the patients’ social needs screening results and/or other data

### Vendor responsiveness and capacity
The vendor’s willingness and ability to tailor the product to users’ needs
The perceived capacity of the vendor to provide the desired level of product support

Note that the product functionality information presented in this report is primarily based on information provided by vendors themselves, not on independent product testing. In addition, this document represents a snapshot in time of a sector that is changing rapidly. We therefore recommend verifying the information before making decisions. Further, since the vendors and products are all relatively new to the health care market, little information currently exists in the public domain about product effectiveness. Lastly, this report does not constitute a product endorsement or recommendation by the University of California, San Francisco (UCSF), Social Interventions Research and Evaluation Network (SIREN), Episcopal Health Foundation, Methodist Healthcare Ministries of South Texas, or St. David’s Foundation.

### User experiences

Nearly all users expressed satisfaction with the platforms they selected, even though very few had yet been able to fully implement the closed-loop referrals and systems integration functionalities. Nearly all users found that implementation was taking longer than expected, likely due to the fact that both the users and the vendors are still learning about how best to implement and use these kinds of products.

Regardless of the platform used, platform implementation challenges centered on the following issues:

- Ensuring information in the community resource directory was complete, relevant, and up to date;
- Establishing effective workflows, including protocols about who would use the platform and when, and getting staff and patients to use the platform;
- Developing privacy policies and procedures to govern data sharing with social service organizations;
- Convincing social service organizations to use the platform for referral tracking;
(barriers included lack of capacity and lack of incentives); and
• Setting up seamless use and EHR integration.

Recommendations

Based on users’ experiences, the following are platform selection and implementation recommendations:

1. **Engage community partners from the beginning.** Successful implementation of closed-loop referrals and a coordinated referral network depends on successful engagement of the organizations that will be part of the system. Buy-in and collaboration are easiest to establish if health care organizations reach out to community-based partners prior to selecting a platform and work closely with partners to understand how the platform can help them achieve shared objectives.

2. **Examine what already exists in the community to avoid duplication and proliferation of redundant platforms.** If the ultimate goal is to create a more coordinated health care and social services delivery system, all organizations in a community, including all health care organizations, have an incentive to use the same platform, or at least to use platforms that can easily share information.

3. **Have a clear understanding of your goals and needs.** Consider the kinds of assistance that will help patients the most; what staff will be needed to provide that assistance; the information system requirements to support the care team; and the external partners necessary for the system to work.

4. **Don’t assume that if you build it they will use it.** Involve desired end users in clarifying your goals and needs and identify champions who will lead end users through what will likely be a bumpy implementation process.

5. **Compare costs and user experiences.** Although the products we examined provided very similar functionalities, they sometimes varied substantially in cost. Talk to other organizations that have implemented these products to better understand strengths of different products and vendors.

6. **Know that this work takes time.** Nearly all informants found that the process of implementing a community referral platform took longer than anticipated. These are new products that require developing and implementing new workflows. Build learning time into the product implementation plan.

7. **Evaluate the impact.** Relatively little information exists to date about the impact of implementing one of these platforms. Measure the impact of platform use on patient health, patient and care team satisfaction with care, and health care costs and share that information publicly so that the sector as a whole can learn.

Download the full report.
## Community Resource Referral Platforms: A Guide for Health Care Organizations

### Features

<table>
<thead>
<tr>
<th>Version</th>
<th>Enterprise Platform</th>
<th>CharityTracker</th>
<th>CrossTx</th>
<th>Healthify</th>
<th>PowRx</th>
<th>One Degree</th>
<th>Pieces Iris</th>
<th>TAVConnect</th>
<th>Unite Us</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource Directory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td>Comprehensive</td>
<td>Focused</td>
<td>Focused</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>Focused</td>
<td>Focused</td>
</tr>
<tr>
<td><strong>Vetting</strong></td>
<td>Vendor, with input on additional resources by customer, CBO, or end users</td>
<td>Customer</td>
<td>Customer</td>
<td>Vendor, with additional inclusion criteria suggested by customer</td>
<td>Vendor and customer</td>
<td>Vendor and customer</td>
<td>Customer and vendor</td>
<td>Customer and vendor</td>
<td></td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td>By vendor; every 180 days</td>
<td>By participating organizations and by network administrator, as needed</td>
<td>By participating organizations, as needed</td>
<td>By vendor; every 90-180 days</td>
<td>By vendor; every 180 days</td>
<td>By participating organizations as needed and by vendor every 180 days</td>
<td>By vendor every 180 days</td>
<td>By participating organizations or coordination center as needed</td>
<td></td>
</tr>
<tr>
<td><strong>User flagging</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Built-in social needs screening tools</strong></td>
<td>PRAPARE, AHC, and more</td>
<td>No</td>
<td>Yes</td>
<td>PRAPARE, AHC, WE CARE, Healthify proprietary tool, and more</td>
<td>PRAPARE, AHC, and more</td>
<td>4 domain-specific tools</td>
<td>Question bank by domain</td>
<td>Vendor-designed screening tool; PRAPARE; library of 120+ assessments</td>
<td>PRAPARE, AHC, Health Leads, DPP, proprietary tool</td>
</tr>
<tr>
<td><strong>Customization</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Responsive recommendations</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Search Options</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Categories</strong></td>
<td>10 major categories 300+ service types Created and uses Open Eligibility taxonomy</td>
<td>Custom categories and service types</td>
<td>Custom categories and service types</td>
<td>13 major categories 326 service types 121 eligibility types Open Referral interoperable</td>
<td>23 major categories 250 service types</td>
<td>9 service areas, categories 200+ granular tags Created and uses Social Services Data Standards</td>
<td>25 customizable categories - also by service types</td>
<td>Uses AIRS taxonomy</td>
<td>20 major categories 150+ service types</td>
</tr>
<tr>
<td><strong>Search fields</strong></td>
<td>Coverage area, Service Category, Free-text search, including service description, service name, provider name, etc. Additional search tool configuration.</td>
<td>Service category, Service category, Service provider name, Service description</td>
<td>Location, Service provider name, Service description</td>
<td>Location, Search radius, Service Category, Eligibility Category, Regional Results, Preferred Status, Network Status</td>
<td>Location, Search radius, Service Category, Condition algorithms</td>
<td>Location, Service provider name, Need, Service description, Service category, Program eligibility, Hours of operation. Additional custom search fields where relevant.</td>
<td>Program name, Need, Service category</td>
<td>Social category, Location, Service area, Eligibility criteria, and others</td>
<td>Service Category, Location, Search Radius, Program Eligibility, Hours of operation. Additional custom search fields where relevant.</td>
</tr>
<tr>
<td><strong>Filters</strong></td>
<td>200+ filters</td>
<td>2 filters</td>
<td>10+ filters</td>
<td>6 filters</td>
<td>11 filters</td>
<td>5 filters</td>
<td>3 filters</td>
<td>10 filters</td>
<td>3 filters</td>
</tr>
<tr>
<td><strong>User favorites</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>End users</strong></td>
<td>Staff Public</td>
<td>Staff Public (add-on fee)</td>
<td>Staff</td>
<td>Staff Patients (through public-facing site and/or API integration with patient/member portal)</td>
<td>Staff Patients</td>
<td>Public Patients</td>
<td>Staff</td>
<td>Staff Patients</td>
<td>Staff Patients</td>
</tr>
</tbody>
</table>

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**Features**

- **Aunt Bertha**
- **CharityTracker**
- **CrossTx**
- **Healthify**
- **NowPow**
- **One Degree**
- **Pieces Iris**
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<tr>
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<th>CrossTx</th>
<th>Healthify</th>
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<th>TAVConnect</th>
<th>Unite Us</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version</strong></td>
<td>Enterprise Platform</td>
<td>CharityTracker</td>
<td>CrossTx</td>
<td>Coordinate</td>
<td>PowRx</td>
<td>One Degree Premium</td>
<td>Pieces Iris</td>
<td>TAVConnect</td>
<td>Unite Us</td>
</tr>
<tr>
<td><strong>Referral</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Referral-sharing modes</td>
<td>Print, Email</td>
<td>Print</td>
<td>Provider-facing</td>
<td>Print, Email, Text</td>
<td>Print, Email, Text</td>
<td>Print, Email, Text</td>
<td>Print, Email, Text</td>
<td>Email, App</td>
<td>N/A</td>
</tr>
<tr>
<td>Benefit enrollment</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Social service referral notification</td>
<td>Email, Text</td>
<td>Email, In-application</td>
<td>Email</td>
<td>Email, In-application</td>
<td>In-application</td>
<td>Email, Text</td>
<td>Email, In-application</td>
<td>Email, In-application</td>
<td>Email, In-application</td>
</tr>
<tr>
<td>Referral tracking modes</td>
<td>Referral-sending staff Receiving agency</td>
<td>Referral-sending staff Receiving agency</td>
<td>Referral-sending staff Receiving agency</td>
<td>Referral-sending staff Receiving agency</td>
<td>Referral-sending staff Patient Receiving agency</td>
<td>Receiving agency</td>
<td>Receiving agency Patient (in MyTAV app)</td>
<td>Receiving agency Coordination center</td>
<td></td>
</tr>
<tr>
<td>Longitudinal case management</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Reporting/analytics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Built-in reporting</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Custom reports</td>
<td>On request</td>
<td>On request</td>
<td>Directly via Tableau</td>
<td>On request</td>
<td>On request</td>
<td>On request</td>
<td>On request</td>
<td>Directly via Looker</td>
<td>On request</td>
</tr>
<tr>
<td>Data export formats</td>
<td>CSV, data warehouse API</td>
<td>CSV</td>
<td>CSV, HL7, JSON</td>
<td>HL7, API, CSV to SFTP</td>
<td>On request</td>
<td>On request</td>
<td>CSV, XLS</td>
<td>CSV, SFTP, secure email</td>
<td>CSV</td>
</tr>
<tr>
<td>Languages</td>
<td>Built-in Google Translate with enhanced native Spanish translation; Non-machine translations for screening tools upon request</td>
<td>No translation at this time</td>
<td>Available upon request</td>
<td>Built-in Google Translate. Non-machine translation for screening tools upon request</td>
<td>Arabic, Mandarin, Polish, Somali, Spanish included for resources. Screening tool translation upon request</td>
<td>Spanish</td>
<td>Spanish</td>
<td>Spanish (available in MyTAV patient app only)</td>
<td>Available upon request</td>
</tr>
<tr>
<td><strong>EHR integration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direction</td>
<td>Bidirectional Module</td>
<td>Not currently</td>
<td>Bidirectional Module (directory)</td>
<td>Bidirectional Module</td>
<td>Bidirectional; EHR integration available but not implemented</td>
<td>Bidirectional Module</td>
<td>Bidirectional Module</td>
<td>Bidirectional</td>
<td>Bidirectional</td>
</tr>
<tr>
<td>Supported integration standards &amp; interface</td>
<td>APIs, HL7, SMART on FHIR, web services, others upon request</td>
<td>API in development</td>
<td>HL7, APIs, FHIR</td>
<td>HL7, APIs</td>
<td>HL7, vendor APIs, web services</td>
<td>APIs</td>
<td>HL7, FHIR, APIs</td>
<td>HL7, FHIR, X12, vendor APIs, others upon request</td>
<td>APIs, SMART on FHIR</td>
</tr>
<tr>
<td><strong>SSO</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Time to deploy</strong></td>
<td>0-3 months</td>
<td>1-2 months</td>
<td>0-3 months</td>
<td>Directory: 1 month Closed-loop: 4 - 6 months</td>
<td>2-3 months</td>
<td>0-1 months</td>
<td>1-3 months</td>
<td>3 months</td>
<td>1-3 months</td>
</tr>
</tbody>
</table>
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### Resource Directory

<table>
<thead>
<tr>
<th>Feature Descriptions:</th>
<th>Version</th>
<th>Enterprise Platform</th>
<th>CharityTracker</th>
<th>CrossTx</th>
<th>Healthify</th>
<th>PowRx</th>
<th>One Degree</th>
<th>Pieces Iris</th>
<th>TAVConnect</th>
<th>Unite Us</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost structure</td>
<td>One-time build fee</td>
<td>Monthly fee for unlimited number of users</td>
<td>One-time build fee</td>
<td>Per seat license</td>
<td>One-time Integration Fees</td>
<td>One-time fees</td>
<td>One-time fees</td>
<td>One-time implementation</td>
<td>One-time implementation</td>
<td>Enterprise: One-time build fee, unlimited licenses, ongoing PMPM</td>
</tr>
<tr>
<td>Estimated cost for the full feature version</td>
<td>$3500/month for unlimited users, plus one-time onboarding fee of $8000</td>
<td>$324/user/year; volume discounts available</td>
<td>$45/user/month; volume discounts available</td>
<td>Pricing will range based on client requirements and size; contact vendor</td>
<td>$95/user/month; volume discounts available</td>
<td>Contact vendor</td>
<td>For a CBO or clinic: $2500-5000/year</td>
<td>For a health system + partner CBOs: $50-125,000/year</td>
<td>Contact vendor</td>
<td>Varies based on size and license seats.</td>
</tr>
<tr>
<td>Vendor profile</td>
<td>Status</td>
<td>For-profit</td>
<td>For-profit</td>
<td>For-profit</td>
<td>For-profit</td>
<td>Non-profit</td>
<td>For-profit</td>
<td>For-profit</td>
<td>For-profit</td>
<td>For-profit</td>
</tr>
<tr>
<td>Geographic reach</td>
<td>50 states</td>
<td>46 states</td>
<td>31 states</td>
<td>50 states</td>
<td>7 states</td>
<td>2 states</td>
<td>4 states</td>
<td>10 states</td>
<td>18 states</td>
<td></td>
</tr>
</tbody>
</table>

### Feature Descriptions:

**Version**
The name of the version that is described in this table. When several product lines exist, the full feature version is described.

**Resource directory Type**
Comprehensive: the directory is intended to include all available resources in a geographical area, often drawing upon web-scraping, partnerships with existing resource directories and any lists kept by the customer's staff. Can contain one or more focused networks of active referral partners.

**Wetting process**
Who determines if a resource is appropriate for inclusion? Possible answers: the vendor, the customer. The vendor may offer it as an optional service.

**Maintenance**
Who scans resource listings to ensure they are up-to-date? How is information updated: web-scraping, calling or even visiting the agency? If the vendor does it, how often is the resource verified? Can users flag resources in need of update or removal to the vendor in real-time?

**Screening**: Bulk in Social Needs Screening Tools
- e.g., PRAPARE, AHC, Health Leads, WE CARE

**Consistency**
The ability to add custom screening tools/assessments.

**Response recommendations**
Recommends resources based on responses to screening questions.

**Search options Categorization**
How comprehensive of social needs categories? Are resources categorized by the needs addressed and services provided? How granular are the needs? Can they be customized?

**Filters**
How can you restrict what results are shown? We only show the number of filters; for list, see vendor profile.

**Reporting/analytics**
Does the platform have a set of reports the customer can generate? Can the customer build their own reports? What data export methods are available?

**Interface**
What is translated and into which languages? Note: Google Translate contains > 100 languages.

**End users**
Who can search for resources? Is it just the staff users, or is there a patient-facing referral portal that can be used via kiosk or tablet without creating an account? Is there a public portal?

**Benefit enrollment**
Can patients apply for public benefits within the platform?

**Referral**
How can patients see the list of referrals?

**Referral modes**
How can patients see the list of referrals?

**Referral notification**
Can patients apply for public benefits within the platform?

**Closed-loop process**
Who can signal that the patient has connected with the resource?

**Social service referral notification**
How does the social service provider receive notification of a patient referral?

**ISO**
Do they support single-sign-on?

**EHR integration**
Can patient data and/or screening results be pulled into the platform from the EHR? Can referral data be pulled into the EHR from the platform? Is the platform available as a module inside the EHR?

**Support/Integration standards & interface**
Includes data standards e.g. HL7, PHR and interfaces e.g. APIs.

**Time to deploy**
How long would it take them to set up with a new client?

**Estimated cost for the full feature version**
Varies based on size and license seats.
About SIREN

Our mission is to catalyze and disseminate high quality research that advances efforts to identify and address social risks in health care settings.

SIREN projects are focused on:
• Catalyzing high quality research to fill evidence gaps;
• Collecting, summarizing, and disseminating research resources and findings to researchers and other industry stakeholders;
• Increasing capacity to evaluate SDH interventions by providing evaluation, research, and analytics consultation services to safety-net and mission-aligned health systems.

Visit our website or contact us at siren@ucsf.edu.

Suggested Citation
