Findings from Highlighting and Assessing Referral Platform Participation (HARP): Final Report

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Summary

In 2020, Trenton Health Team received funding from the the Aligning Systems for Health program of the Robert Wood Johnson Foundation to understand the value of of NowPow, a technology tool designed to facilitate referrals to community resources, for Trenton community-based organizations and to identify ways to increase use of NowPow among these organizations.

The following are key findings from the project:

- 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.

- CBOs were not interested in the prospect of receiving financial incentives to use NowPow.

- Four strategies to increase uptake (a centralized referral hub, monthly data insights, tailored training, and a communication campaign) were tested, and while some were well-received, none of these strategies were effective in increasing use of the platform.

- Platform implementers may want to consider a slower, phased approach to implementation that focuses on organizations for whom the platform provides value.

Background

How did this project 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 (see next page). 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), was funded by the Robert Wood Johnson Foundation through the Aligning Systems for Health program facilitated by the Georgia Health Policy Center.

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 to communicate about referral outcomes**.

With NowPow, Trenton care providers can:

- **Search** a Trenton-Mercer specific community resource directory that is regularly updated
- **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 were 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.

Goal 1: Barriers and Strategies

Goal 1: What did we do?

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.

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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 c**urrent 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.

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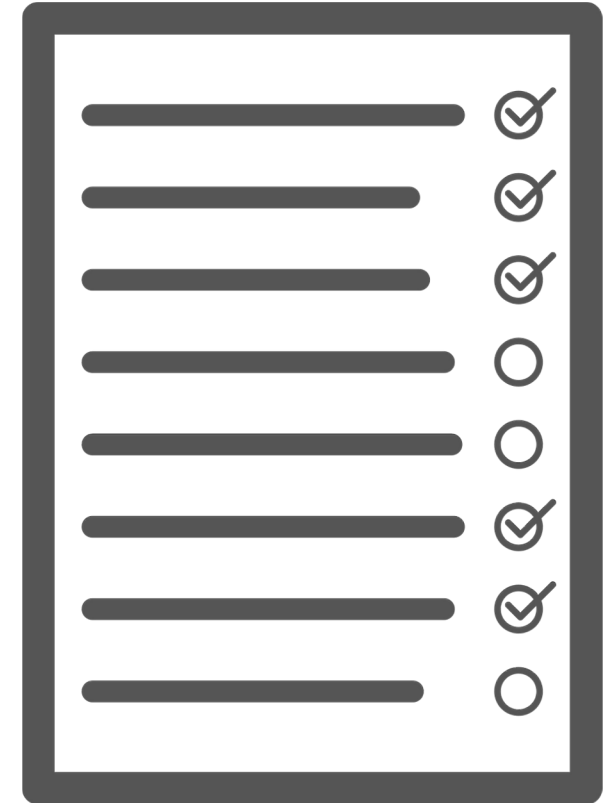
Monetary incentives are not the best solution

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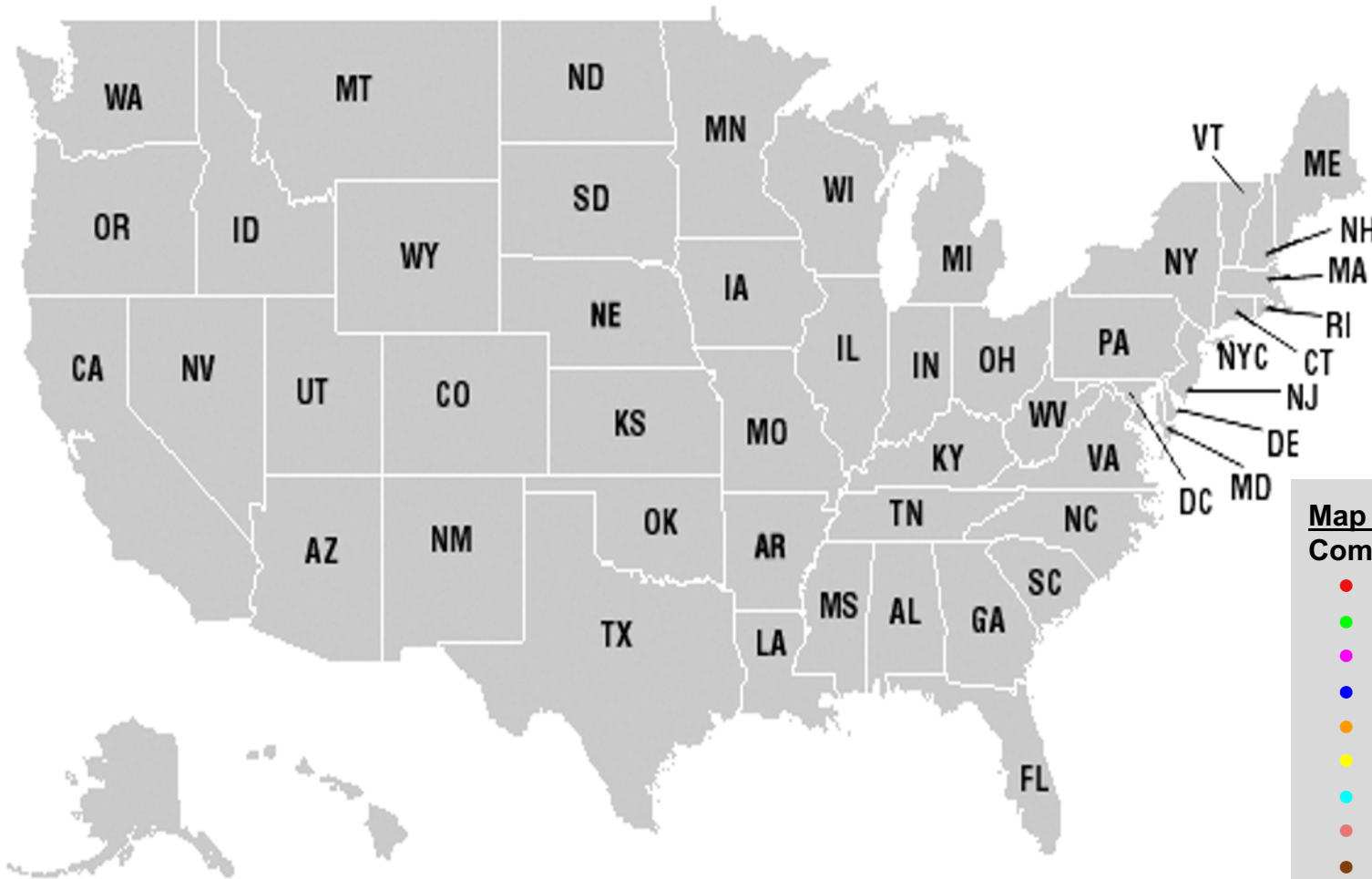
To gather ideas for engagement strategies to test in Trenton, we spoke to 9 organizations outside of Trenton that had had some success in implementing similar platforms.

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. <u>Network size</u>: 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. <u>Who funds and owns the tool</u>: 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. <u>Convenor involvement:</u> 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. <u>Centering a care model:</u> One community was implementing the <u>Pathways Community HUB Model</u>, 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 clients 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.

- **Communications 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:
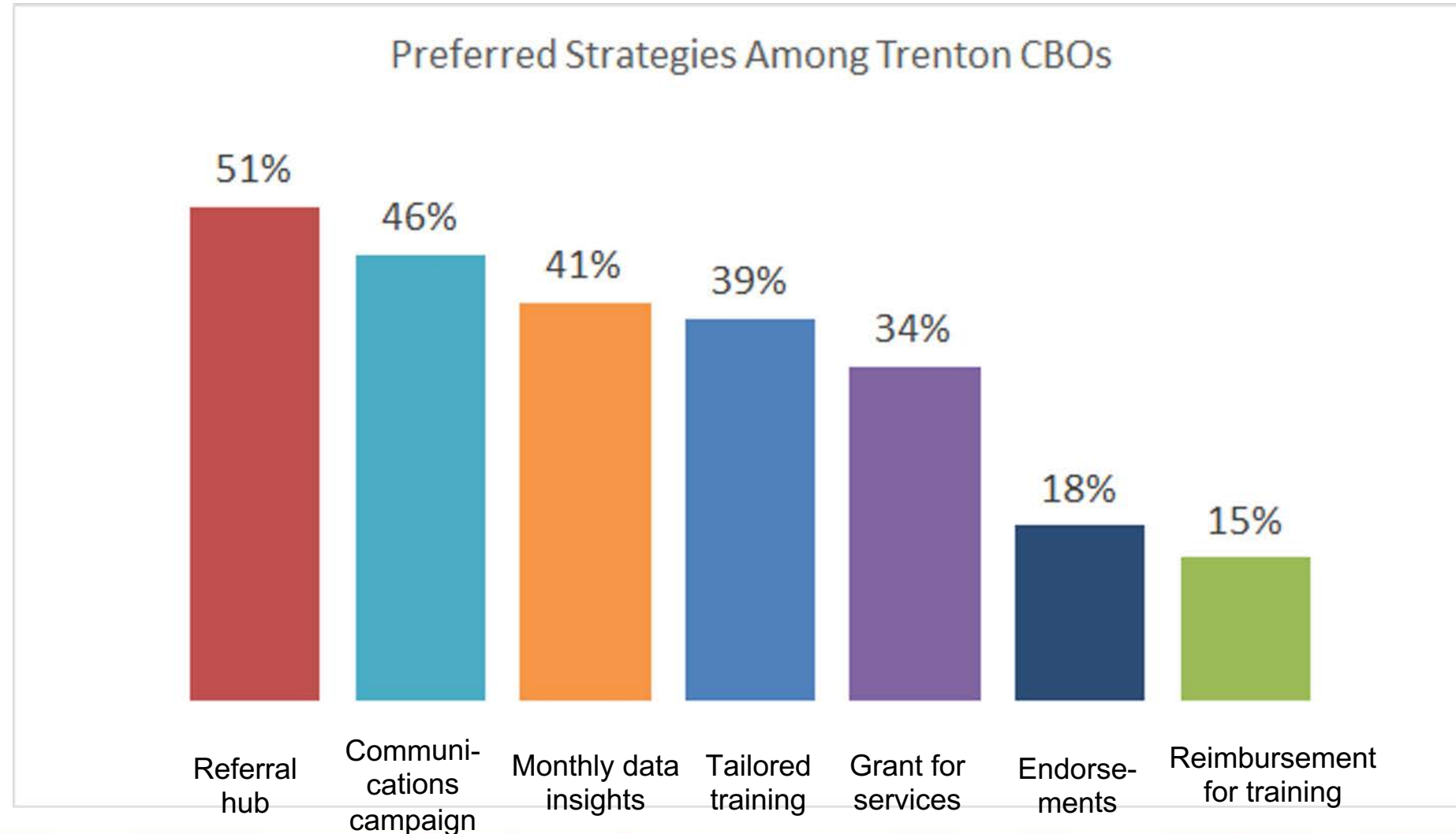
- Extraction of barriers and suggested engagement strategies from interview transcripts
- Feedback sessions with the project advisory committee and local platform network steering committee to generate further ideas and brainstorm criteria by which to weight strategies
- Project team meetings to generate 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).

Preferred Strategies Among Trenton CBOs

Strategy	Percentage
Referral hub	51%
Communications campaign	46%
Monthly data insights	41%
Tailored training	39%
Grant for services	34%
Endorsements	18%
Reimbursement for training	15%

Goal 2: Testing engagement strategies

We tested 4 engagement strategies

We selected the four most highly-ranked strategies from the survey to test. We tested the first 3 on different groups of organizations (see below) at different times. On the following pages, we explore the hypothesized impacts and actual results of implementing each of these strategies.

Monthly Data Insights Reports	Referral Hub	Tailored Training	Communications Campaign
6/11/21 - 9/28/21 10 organizations	7/16/21 - 10/31/21 2 organizations	8/4/21 - 1/4/22 5 organizations	1/19/22 - 4/18/22 All network partners
Monthly PDF reports with organization's end-user activity (log-ins, searched, referrals), most common services referred, etc.	In-platform referrals to THT navigators, who then conducted social screening and provided referrals.	Additional workflow planning conversations and onboarding training/demo tailored to organization's client needs	Email blasts, testimonial videos, and blog posts sharing what NowPow users in the community found valuable in the tool.

Monthly Data Insights Report - Hypothesis

By...

1. Receiving a monthly email
2. With accessible visualizations of their platform use metrics
3. And comparisons between their use and that of the entire network

We thought that organizations would be prompted to...

1. Remember NowPow and log in
2. Feel a little "community FOMO"
3. Send staff to get trained
4. Encourage their staff to use it more
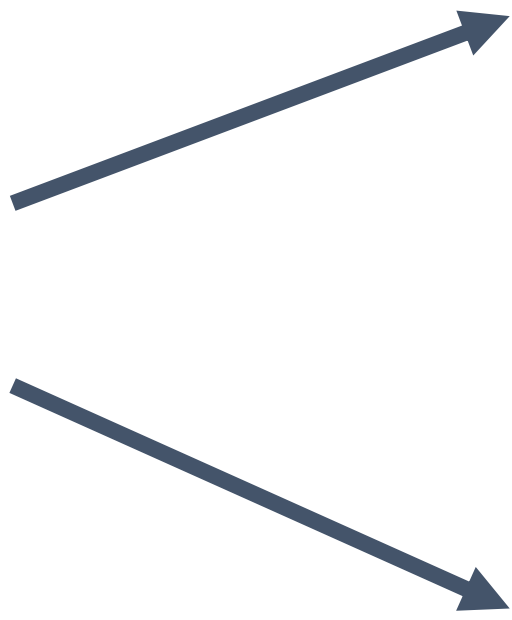

Login Activity
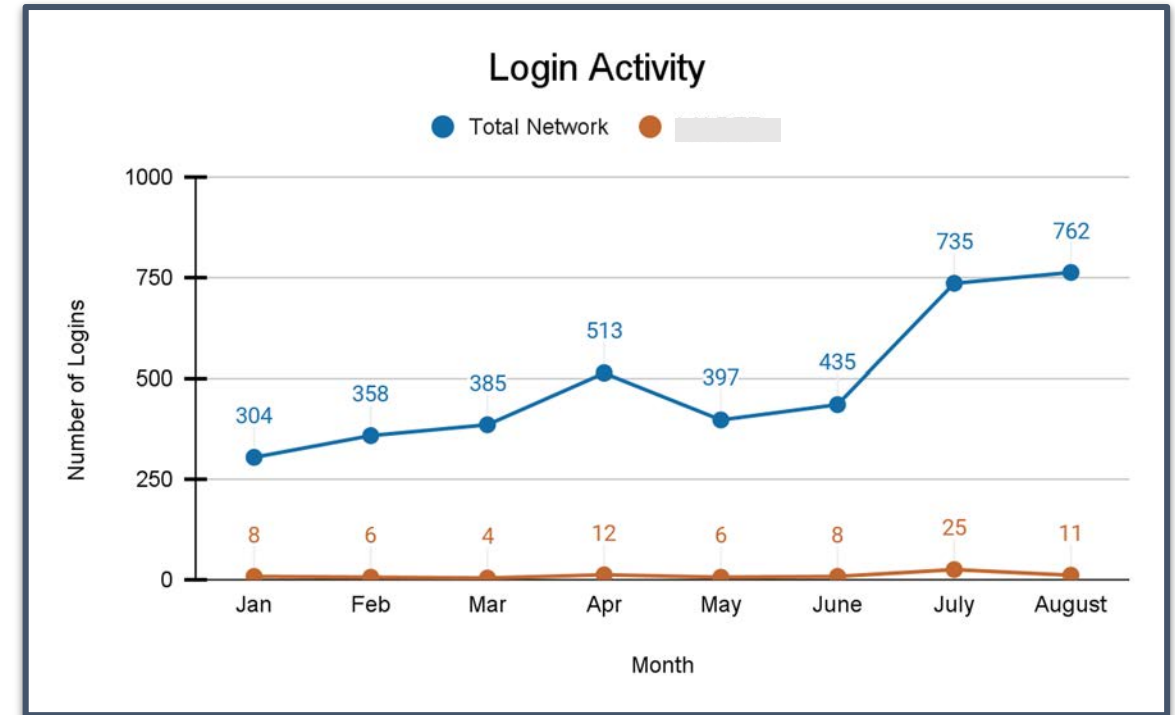
Monthly Data Insights Report - Results

Reach/Adoption

Reach: **10 orgs** for 4 months.

Average open rate of 27%; last report had lowest open rate (21%)

Moderate awareness of reports

Low perceived **value** in reading a report that confirmed what they already knew.

Impact on Platform Use

Little to no impact on login activity.

Other Impacts

For one interviewee (out of 9), reports prompted them to consider new ways to encourage more use of the tool by their staff
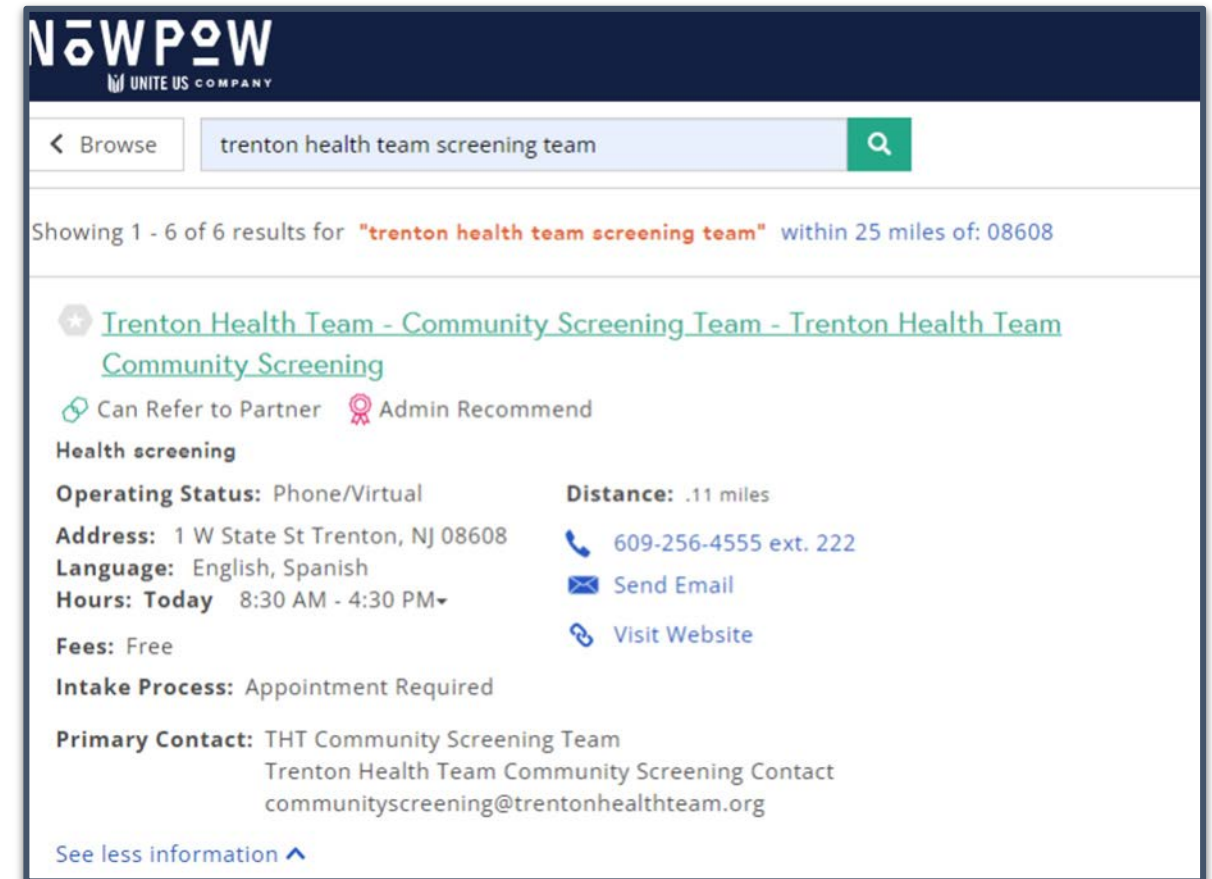
Referral Hub - Hypothesis

By...

1. Having an on-call social needs screening and navigation team accessible via
2. A single NowPow referral to the THT hub

We thought that organizations would be prompted to...

1. Anticipate how this service could save their staff time and/or allow them to help people with multiple needs not met by the organization
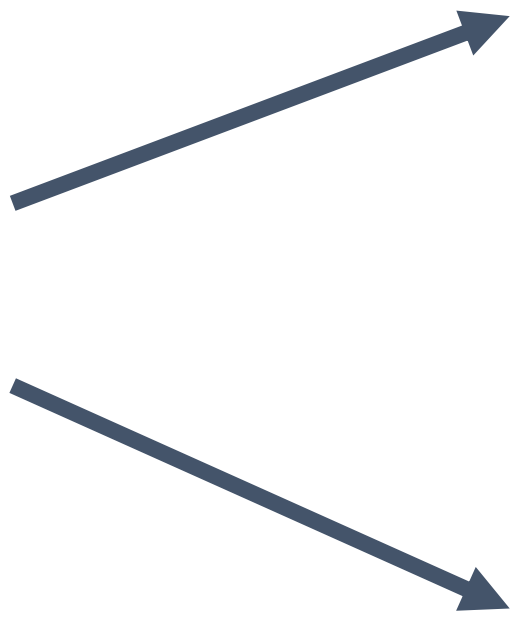2. Log in and send referrals to the hub

Referral Hub - Results

Reach/Adoption

2 of the 3 organizations invited to participate did so.

Many challenges with timing / staff turnover.

Attempted, but ultimately unsuccessful, adoption.

Impact on Platform Use

There was no significant uptick in logins or electronic referral activity.

Other Impacts

One CBO realized how easy it was to make electronic referrals and decided to make referrals directly to organizations.

Tailored Training - Hypothesis

By...

1. Spending significant time communicating the value of NowPow with select leadership,
2. Spending time helping team leads + end users think about workflows
3. Conducting a more interactive end-user training and
4. Doing more frequent follow-up post-training, including sending a utilization snapshot

**We thought that organizations would be prompted to...**

1. Buy in more deeply at every level of the organization on NowPow value and expected benefit
2. Develop one or more clear use cases and workflows to support those uses
3. Use NowPow immediately after training
4. Sustain use of NowPow in the months following

Tailored Training - Results

Reach/Adoption

5 of the 14 organizations invited to receive tailored training accepted the invitation.

Only 1 senior leadership buy-in conversation happened

7 workflow planning sessions

36 individuals trained

3 data snapshots sent
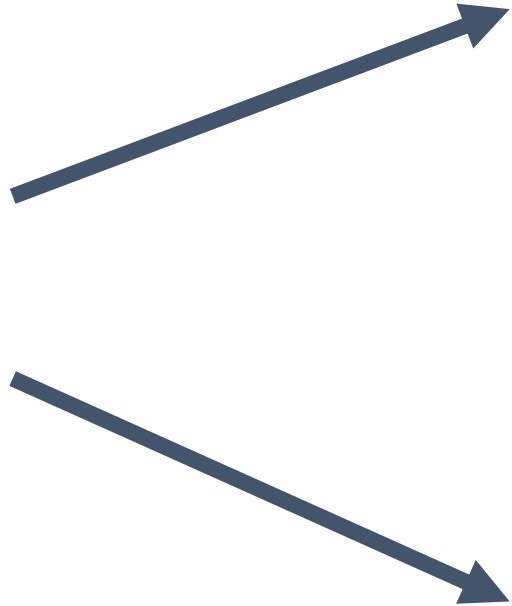
Impact on Platform Use

No discernible impact

Other Impacts

Points of intervention were highly appreciated (welcome emails, follow up emails, data snaps of end user engagement).

Interactive trainings with searching and sharing resources that match their client needs was well received.
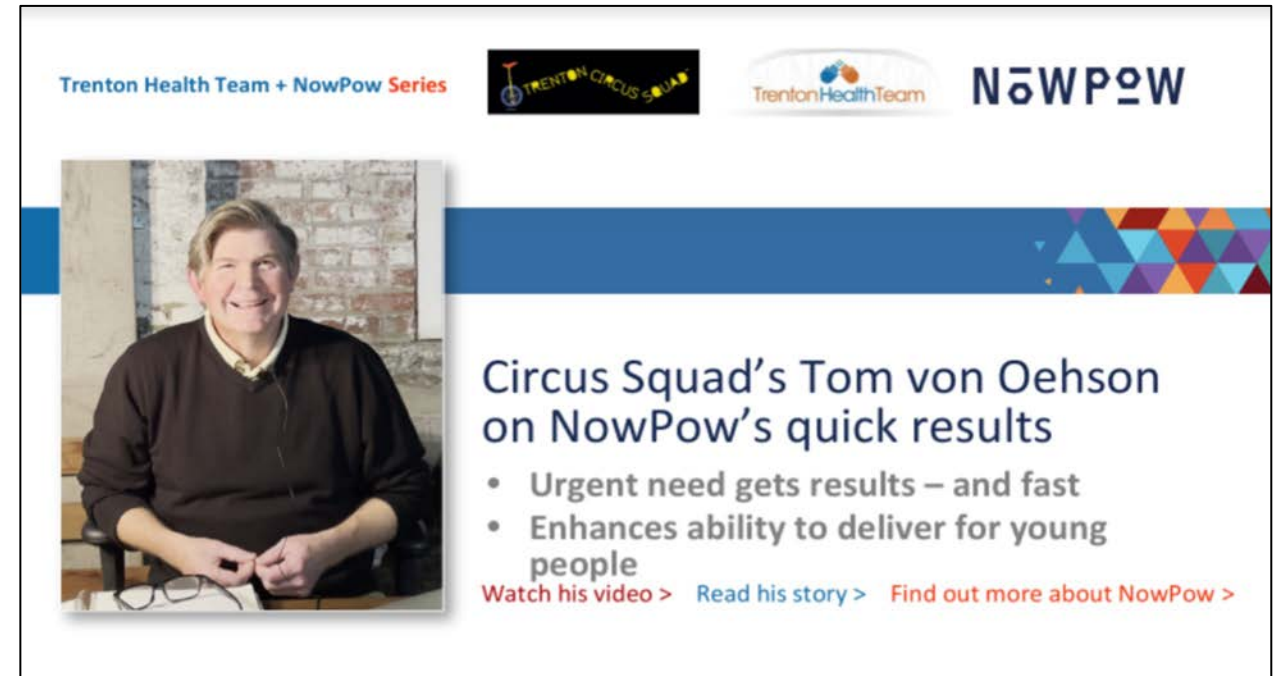
Communications Campaign - Hypothesis

By...

1. Sending monthly emails that included testimonials of peers using and finding value in the platform
2. Offering multiple modalities to access testimonials (video and blog)
3. And organizing convenings at both the leader and end-user levels

We thought that organizations would be prompted to...

1. Remember NowPow and log in
2. Connect their peers' positive experiences to their own work
3. Feel like the platform was a community effort with community buy-in

Trenton Health Team + NowPow Series

Circus Squad's Tom von Oehson on NowPow's quick results

- Urgent need gets results – and fast
- Enhances ability to deliver for young people

Watch his video >   Read his story >   Find out more about NowPow >
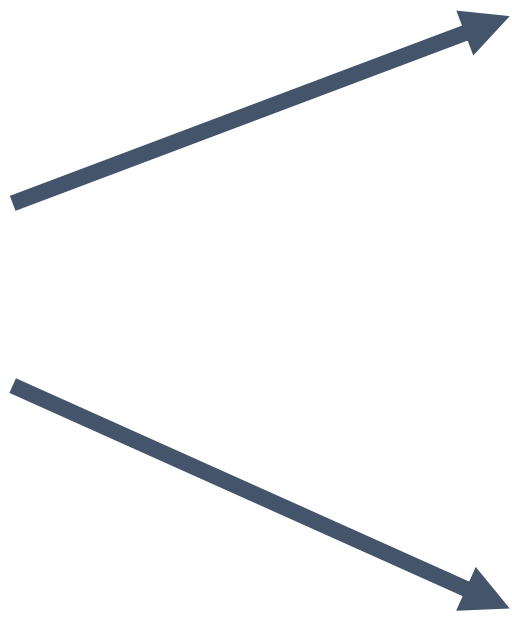
Communications Campaign - Results

Reach/Adoption

Emails:
- 7 campaigns w/3 videos were sent to >400 individuals
- Open rates: 26-38%
- Click rates: 0.5-3.6%
- Video views: 43-49 per video

Leadership convening: 28 participants from 18 organizations

End user convening: 41 participants from 18 organizations

Impact on Platform Use

None detected

Other Impacts

Interviews confirmed:
- Low awareness of emails
- Deprioritizing emails because of low use of the tool and overload of daily email

Convenings confirmed:
- Community resource directory highly valued
- Must protect client/patient confidentiality in electronic referrals
- Importance of interoperability

Other Factors Influencing Adoption

In assessing the impacts of our strategies, we noticed some increases in NowPow use that did not seem to be explained by the strategies. For example, login peaks in Fall 2020 and Summer and Fall 2021 were due to a produce prescription program for which patients had to be referred through NowPow in order to be enrolled. In Summer 2022, an organization that had participated in the monthly data insights report strategy launched a referral partnership with another organization, which increased their activity, but was unrelated to receiving the reports.

However, it is important to note that even peaks correspond to fewer than 2 logins per user per month.

Strategy Timeline:

Monthly data insights reports ———

Referral hub ———   Communications campaign ———

Tailored training ———
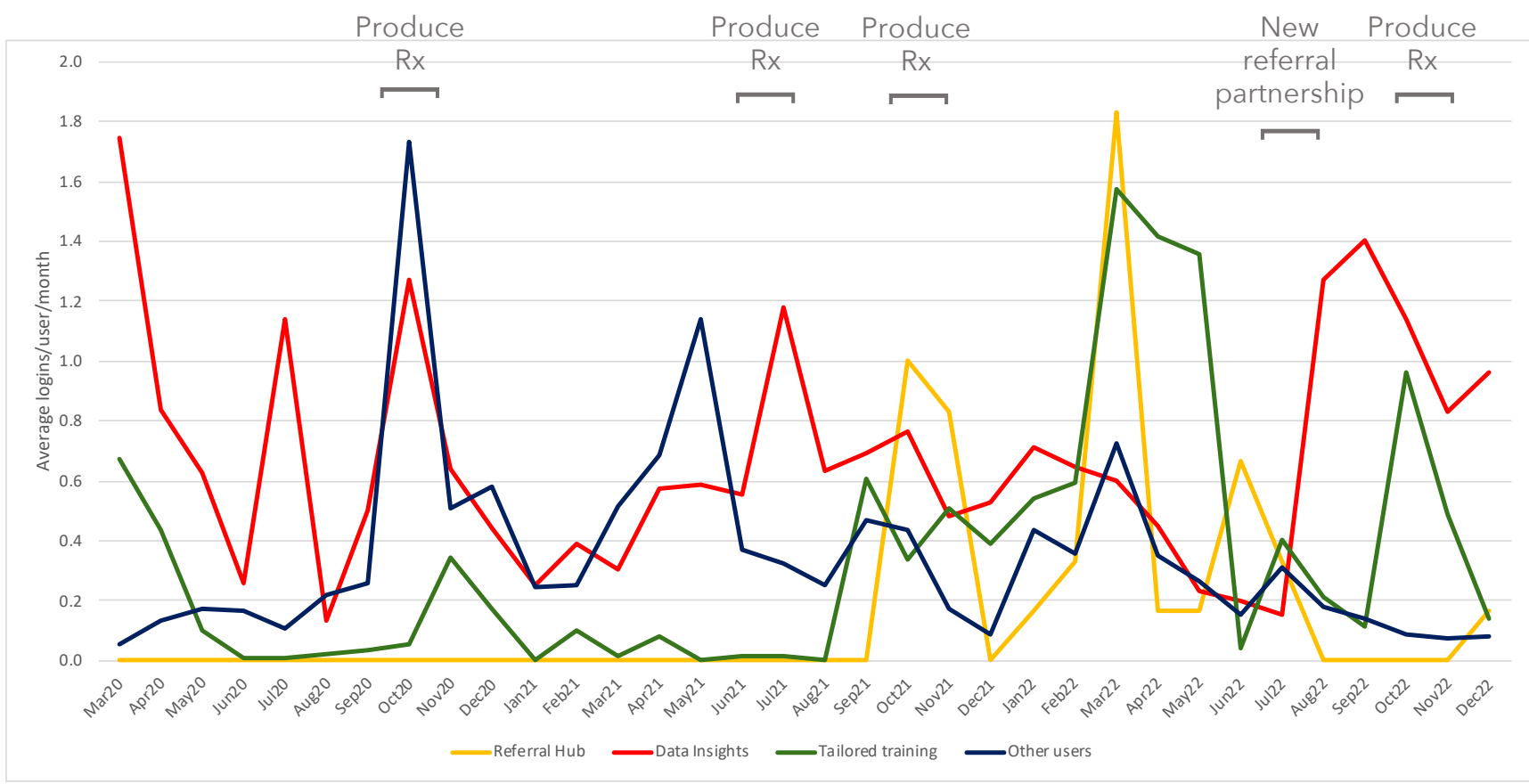
Development of Other Tools

Even as Trenton Health Team invested in NowPow, it developed two other, similar tools: one for food resources (the [Mercer County Free Food Finder](#)) and a baby item inventory database.

While NowPow was first explored as an option, in both cases, THT and their stakeholders decided to co-develop a new tool from scratch because they needed a level of customization (e.g., granular filters for the kinds of services or items being searched) that was not possible in NowPow. This suggests that platforms like NowPow might be more useful if they could be more customizable for different use cases.
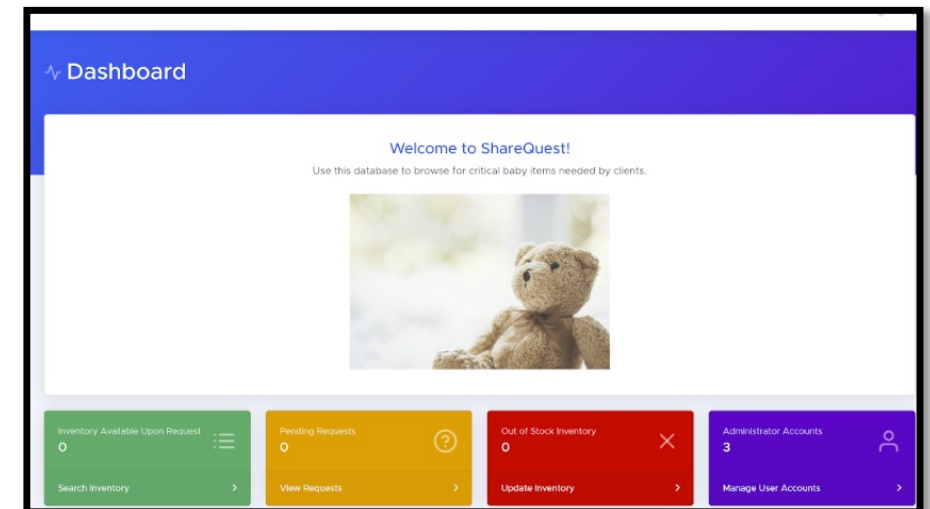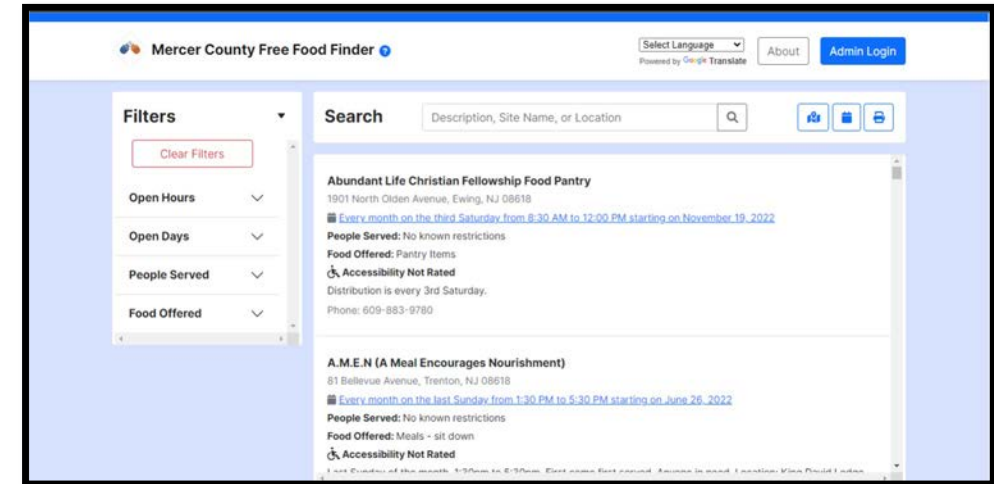
Conclusion

Lessons Learned

- 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.

- The platform seems most useful for organizations that make a lot of referrals, and staff members who are new to the community.

- CBOs were not interested in the prospect of receiving financial incentives to use NowPow.

- The strategies we tested did not work; but requiring use (e.g., Produce Rx program) did drive usage.

- Tools developed by stakeholders to meet very specific needs had much higher adoption (e.g., Mercer County Food Finder, Baby Item Inventory).

Implications for Platform Implementers

From what we learned from this project, there are two potential pathways that implementation can take.

The first is a phased approach:
1. Identify use cases and determine if technology is the correct solution;
2. Implement slowly, starting with organizations that have the most intrinsic need for the platform, e.g., organizations that make multiple referrals and have an interest in measuring referral outcomes (e.g., substance use referrals), or interventions needing a mechanism to manage referrals (THT developed a CRRP Readiness and Self-Assessment Worksheet to help with this process);
3. Use successful pilots to build community interest and expand referral activity.

Alternatively, platform use can be integrated into programs, for example by being the process through which referrals for certain services are made (as with the Trenton produce prescription program.) Regardless of approach, improving interoperability with organizations' existing client, referral or case management systems is also likely to help facilitate uptake.

Nevertheless, **unless these tools provide obvious, substantial mission-aligned value that clearly enhances their abilities to serve their clients, CBOs are unlikely to widely and easily adopt the tools.** More generally, given that cross-sector alignment requires doing things differently and adopting new processes and tools, our findings highlight the importance of building on existing processes and making sure that new approaches provide a clear—and large-enough—mission-related benefit for each partner in order to help overcome the barriers to change that inevitably arise.

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or visit the HARP Project webpage: https://trentonhealthteam.org/projects/harpp-research-project/