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Social Care Best
Practices:
Learnings from a
Technology-Enabled
Closed-Loop
Referral Network



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What You'll Learn Today...



Strategies to Improve Adoption of Referral Network Technology



Workforce Impact: Efficiency and Burnout



What's Next: Establishing Best Practices for Closed Loop Referral Networks

How It Works

Organizational buy-in and change management























Tom shows up at Sue's organization.

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Screening

Sue screens Tom and identifies that he has additional needs.

Referral

Sue uses Unite Us to gain digitalⁿ consent and electronically refer Tom to multiple community partners.

Through the platform, she can seamlessly communicate with the other providers in real time and securely share Tom's information in accordance with his consent.

Community buyin and change management

Feedback

As Tom receives care, Sue receives real-time updates and tracks Tom's total health journey.



Lessons Learned: Change Management

Evaluation Questions:

- 1. What factors support or hinder partner and end user adoption?
 - 2. What factors influence community partner participation in closed loop referral networks??

Process Evaluation Methods

Method	Sample
Focus Groups (n=22)	 44 States Health Systems and Payors (n=22) Community Based Organizations
Key Informant Interviews (n=103)	 (n=20) Participants represent the following Unite Us end user types: Community Health Workers (CHWs) Social Workers/Case Managers Clinical Providers Administrative Personnel

Timeline: October 2021 - May 2023

Facilitators

Successful Adoption and Utilization

Theme	Factors
Robust Network	 Strong CBO participation Enough of the right services Community engagement
Clear Objectives	 Data driven referral volume targets Specific use case, care pathway, and/or population focus Appropriate role fit
One System of Record	 Screening, referral, and follow up documentation in one system Person-centered care coordination across health and social sectors

"It's much more organized, I know where everything is...before we started using it, our stuff was all over the place. We either had notes written down in this random website that only half of us used, or we would write them down on someone's folder on the inside. So it's nice to have one place where everything lives in harmony."

- Service Coordinator



Barriers

Successful Adoption and Utilization

Theme	Factors
Community Participation	CBO responsivenessCommunity capacitySustainable funding
Change Management	 Buy-in at all levels of an organization Inclusion of individuals impacted in decision making Training and readiness
System and/or Regulatory	 Interoperability Regulatory requirements for systems like Homeless Management Information Systems (HMIS) Product features

"I thought I was going to be our main way to refer all of our clients like our only path. But...not everyone's on there, so there's still some agencies we have to call or email. So, I thought it was going to be that [it was] our main referral source, but it's just half of our referral source, I think now."

- Unite Us End User

"But adopting new systems can be very challenging, and I think many of us, myself most definitely, are managing so many different platforms and so many different processes that any new one can be quite stressful at times."

- Customer End

User



Workforce Impact Results



Workforce Impact: **Efficiency**

Does Closed Loop Referral Technology Increase Efficiency in Care Coordination Compared with Traditional Methods?

Method	Longitudinal Survey (n=101); February 2023 - February
Survey Tool	2024 Internally developed to capture reported time spent across key care coordination activities
Respondents	 Unite Us end users meeting the following criteria: Cross-Sectional: End users with at least 6 system logins Longitudinal: Baseline: Active user license but no referrals Follow up: At least 6 system logins

Workforce Impact: **Efficiency**



~145,352 hours in efficiency gains in 2024 across all Unite Us networks

Data source: Estimated using results from a matched pre-post implementation survey of Unite Us users where, compared with prior to Unite Us, end users reported a statistically significant reduction (p < 0.05) in the average time spent on key care coordination activities.

Workforce Impact: **Efficiency**

I appreciate that [the technology]

takes the follow up off of our

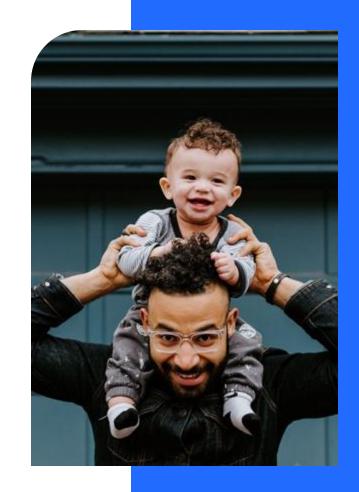
hands as we are so busy with other

patient needs and don't always have

time to make multiple phone calls to

connect patients with resources.

Health System End User & Social Worker





Workforce Impact: **Burnout**

Does Closed Loop Referral Technology Impact Feelings of Burnout Among End Users?

Method	Cross Sectional Survey via email dissemination in May, 2024
Survey Tool	Copenhagen Burnout Inventory (validated, reliable, standardized burnout measure)* *Source: Kristensen, et al. 2007
Respondents	 Unite Us end users meeting the following criteria: Baseline (n=297): Active Unite Us license but no referrals sent/received Low Referral (n=427): 1-3 referrals sent/received on average per month High Referral (n=302): > 10 referrals sent/received on average per month Resource Directory (n=99): 1+ resource shares sent on average per month

Workforce Impact: **Burnout**

Being able to track the outcome of the referrals I send and follow-up with partner organizations has been beneficial in combating feelings of burnout. Being able to know and have connections to our partner organizations helps to foster a sense of community and belonging for me.

CHW End User

Statistically
Significant
Reductions
in WorkRelated
Burnout*

(p < 0.05)

*Compared with the individuals not using the Unite Us closed loop functionality features

2x

More likely to report that Unite Us reduces feelings of burnout**

**Compared with lower activity Unite Us end users.

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4 Key Takeaways: Closed Loop Referral Network Best Practices





Sustained Community Engagement

- Build on pre-existing network relationships and initiatives.
- Be prepared for a marathon, not a sprint.



Embedding the "Why"

 Articulate the "Why" early and often to workforce expected to implement the new system.



Engaged Champions/Organization Buy-in

- Genenerate buy-in at every organizational level
- Empower internal trusted peers as "champions" of the work to increase readiness



the work to increase readiness **Data Informed Approaches and Role Fit**

- Implement with best fit roles
- Align early on expectations that are informed by data

What's Next:

Considerations for the Future



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Systemic Limitations

Efforts to mitigate include:

- The Gravity Project
- 1115 Medicaid Waivers and California's ILOS
- CMS SDOH reporting regulations

Future Evaluation Opportunities

More research is needed in the following focus areas:

- Impact on Client/Patient-Reported Outcomes
- Impact on Community Based
 Organizations' (CBOs) Capacity to Serve
- Impact on Workforce



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