

Community Resource Referral Platforms: A Guide for Health Care Organizations

Executive Summary

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Social Interventions Research & Evaluation Network

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
 - Healthify
 - Pieces Iris
 - CharityTracker
 - NowPow
 - TAVConnect (TAVHealth)
 - CrossTx
 - One Degree
 - 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).

Functionality	Description
<i>Primary Functionalities</i>	
Resource directory	A searchable, regularly-updated directory of community-based organizations and agencies providing services that can help address patients' social needs
Referral management	The ability to send referrals to community organizations and to track referral outcomes (i.e., close the loop)
<i>Other Functionalities & Characteristics</i>	
Privacy protection	Compliance with HIPAA and other privacy regulations
Systems integration	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

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.](#)

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

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

Side by Side Comparison Table

Features	Aunt Bertha	CharityTracker	CrossTx	Healthify	NowPow	One Degree	Pieces Iris	TAVConnect	Unite Us
Version	Enterprise Platform	CharityTracker	CrossTx	Coordinate	PowRx	One Degree Premium	Pieces Iris	TAVConnect	Unite Us
Cost structure	One-time build fee Monthly fee for unlimited number of users Add-ons: custom insights, EHR integration, live-chat search help	One-time build fee Per seat license Add-ons: customizations at hourly rate	One-time Integration Fees Per seat license with volume discounts	One-time fees Enterprise and network licensing	One-time fees Per seat license Other pricing: contact vendor	One-time fees Monthly fee for unlimited users	One-time implementation Annual enterprise SaaS fees	Enterprise: One-time build fee, unlimited licenses, ongoing PMPM CBOs: Low to no monthly subscription	Licensing Included: implementation costs, ongoing account management and tech support, and network growth
<i>Estimated cost for the full feature version</i>	\$3500/month for unlimited users, plus one-time onboarding fee of \$8000	\$324/user/year; volume discounts available	\$45/user/month; volume discounts available	Pricing will range based on client requirements and size; contact vendor	\$95/user/month; volume discounts available	Contact vendor	For a CBO or clinic: \$2500-5000/year For a health system + partner CBOs: \$50-125,000/year	Contact vendor	Varies based on size and license seats.
Vendor profile									
<i>Status</i>	For-profit	For-profit	For-profit	For-profit	For-profit	Non-profit	For-profit	For-profit	For-profit
<i>Founded</i>	2010	2006	2010	2013	2015	2012	2015	2011	2013
<i>Geographic reach</i>	50 states	46 states	31 states	50 states	7 states	2 states	4 states	10 states	20 states

Feature Descriptions:					
<i>Version</i>	The name of the version that is described in this table. When several product lines exist, the full feature version is described.	<i>Search options User favorites</i>	Can users keep a preferred list of favorite resources? Can users make comments on listings that other users can see? Can users 'send' a resource listing to another user?	SSO	Do they support single sign-on?
<i>Resource directory Type</i>	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. Focused: the directory consists of the customer's partners	<i>End users</i>	Who can search for resources? Is it just the staff users, or is there a patient-facing portal that can be used via kiosk or tablet without creating an account? Is there a public portal?	<i>EHR integration Direction</i>	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?
<i>Vetting process</i>	Who determines if a resource is appropriate for inclusion? Possible answers: the vendor, the customer. The vendor may offer it as an optional service.	<i>Referral Referral modes</i>	How can patients see the list of referrals?	<i>Supported integration standards & interface</i>	Includes data standards e.g. HL7, FHIR and interfaces e.g. APIs
<i>Maintenance</i>	Who scans resource listings to ensure they are up-to-date? How is information updated: web searching, 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?	<i>Benefit enrollment</i>	Can patients apply for public benefits within the platform?	<i>Time to deploy</i>	How long would it take them to set up with a new client?
<i>Screening Built-in Social Needs Screening Tools</i>	e.g., PRAPARE, AHC, Health Leads, WE CARE	<i>Referral Social service referral notification</i>	How does the social service provider receive notification of a patient referral?	<i>Cost structure</i>	Do any one-time fees apply? What is the ongoing fee structure? Options: PMPM: Per member (beneficiary) per month; License: Per seat (user); Enterprise: Per entity, may encompass CBO users; Network/Region: For an entire network of entities
<i>Customization</i>	The ability to add custom screening tools/assessments.	<i>Closed-loop process</i>	Who can signal that the patient has connected with the resource?	<i>Estimated cost for the shown version</i>	See vendor profile for complete price list.
<i>Responsive recommendations</i>	Recommends resources based on responses to screening questions	<i>Longitudinal case management</i>	Is there a way to view the history of a patient's screening results/recorded needs, assistance received and interactions? Can members of the care team communicate with each other?	<i>Vendor profile Status</i>	Is the vendor a for-profit or non-profit corporation?
<i>Search options Categories</i>	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?	<i>Reporting/analytics</i>	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?	<i>Founded</i>	What year was the vendor founded?
<i>Filters</i>	How can you restrict what results are shown? We only show the number of filters; for list, see vendor profile	<i>Languages</i>	What is translated and into which languages? Note: Google Translate contains > 100 languages	<i>Geographic reach</i>	How many states does the vendor have customers in? Note that some platforms have multi-state or national customers.

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.

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