Building Community-Based Organization Networks to Address Social Drivers of Health: Key Issues for ACOs

Introduction

A small but growing evidence base demonstrates that addressing patients' social needs can improve health outcomes and facilitate appropriate utilization of health care services. This Issue Brief focuses on how Accountable Care Organizations (ACOs) can help patients access social service resources through partnerships with community-based organizations (CBOs). Prepared in conjunction with a Learning Collaborative on Addressing the Social Drivers of Health convened by the Institute for Accountable Care (IAC) and the National Association of Accountable Care Organizations (NAACOS), this document highlights key themes from the Learning Collaborative's discussions and provides links to relevant resources.

Building a Community-Based Social Service Network

Relationships with community partners are essential to addressing patients' social needs. Awareness of patients' social risks is growing as more health care providers are implementing screening tools to assess factors such as food insecurity, housing instability, and access to transportation. The value of screening is limited without a capacity to respond to the social risks identified. Since most health care organizations don't provide social services, they need a systematic process to refer patients to community-based organizations (CBOs) that are uniquely qualified to address specific social needs.

Social Service Interventions. A variety of services are available to address social needs. Interventions related to food insecurity (e.g., medically tailored meals, produce prescriptions), financial strain (e.g., medical-legal partnerships), and housing instability (e.g., supportive housing) have been well studied and have been generally found effective in reducing social risks. However, evidence base on the impact of these interventions on health outcomes is less robust.

The range of available social services and the capacity of CBOs varies across communities. CBOs are often resource constrained, have high rates of staff turn-over and may be reliant on volunteers to provide services. Evidence-based social service interventions may not be widely available in some communities, particularly in rural areas. ACOs can collaborate with CBOs to identify existing resources, build sustainable partnerships, establish referral processes, and grow capacity.

Levels of Assistance. ACOs can help their patients access community-based services. Types of assistance, in ascending levels of intensity, can include:

- Offering comprehensive guides of available community resources to patients,
- Providing facilitated searches of available resources and developing a customized resource list for patients,
- Making referrals to a CBO for specific services,
- Making closed-loop referrals to a CBO (i.e., referrals that includes bi-directional communication between the referring provider and the CBO to track referral status and outcomes),
- Making closed loop referrals to a preferred CBOs that have been vetted and agree to meet established performance requirements, and
- Making closed loop referrals to preferred CBO with electronic health record (EHR) integration to support clinical decision making.

Closed-loop referrals offer clear advantages, allowing providers and care managers to confirm receipt of referral services, track social service outcomes, and share information to enhance care management. A closed-loop approach requires communication and coordination between the referring provider's office and the CBO, which can be labor-intensive and may require providers to invest in systems to improve the effectiveness of referrals. One such investment is purchasing access to a community resource referral platform.

Community Resource Referral Platforms

Technology-enabled community resource referral platforms can facilitate closed-loop referrals for social service interventions by providing an online directory of available resources, allowing electronic referrals to CBOs, tracking referral status, and reporting data on usage and outcomes. While these platforms can improve the effectiveness and efficiency of referral processes, ACOs should understand that platform implementation can be time consuming and require resources to overcome common challenges.

Assessing the Need for a Closed-Loop Referral Platform. Given the direct and indirect costs of implementing referral platforms, ACOs should carefully assess how they plan to to use these tools and whether they are committed to investment in staff engagement and training to ensure the platforms are used effectively. Are closed loop referrals the right level of assistance? Does the ACO plan to track completed referrals? How will it address referrals that are not completed? To what extent are referral platforms prioritized by payers or collaborative community efforts?

Selecting a Platform. Multiple platforms, such as Find Help (formerly known as Aunt Bertha) and Unite Us, are available and offer varying features, functionality, and services. In selecting and implementing an online community resource referral platform, ACOs should consider the functionality expected by different user groups, including clinicians, care managers, CBOs, and patients, who may have different needs and priorities.

ACOs should first determine which platforms are currently used by CBOs in their service area to avoid burdening them with multiple duplicative technologies. Collaborative efforts sponsored by state agencies (such as NCCARE360) or professional associations should also be considered. The exhibit below offers a series of questions organizations should consider when contemplating purchase of a closed loop referral platform.

Considerations for Selecting a Closed-Loop Referral Platform

- How accurate and comprehensive is the platform's community resource directory?
- How frequently is the resource directory updated?
- What proportion of CBOs in the community have verified their profile or agreed to accept electronic referrals?
- How can users filter referral resources to target specific geographic areas, services offered, or eligibility criteria?
- How are bi-directional communications supported? What types of information can be shared?
- What services does the vendor provide to promote adoption of the platform by CBOs?
- What type of user training does the vendor offer to purchasing organizations? How much training is included versus provided at an additional cost? Will they share training materials prior to purchase? What training will they provide to CBOs?
- What are the platform's reporting capabilities?
- What technical support does the vendor offer to the ACO and to participating CBOs?
- How does the platform protect patient privacy? Does the platform track patient consent regarding information disclosure?
- Does the platform integrate with your organization's electronic health record (EHR)? What type of support for integration does the vendor provide and what is the timeline for a typical integration?
- What are the start-up and maintenance costs of platform for the ACO? What are the costs for participating CBOs?

Staff Training. Investments in promotion, training, and product customization are needed to maximize the uptake and utility of community resource referral platforms for health system staff. Training should be offered to all staff with access to the referral platform with training intensity customized to user needs. Training could include informational documents, pre-recorded videos, live chat support, or live team training, with training resources available for staff hired in the future. Introduction of the referral platform will necessitate workflow changes, particularly for social workers, care managers, and other staff responsible for social service referrals. Staff may resist these changes, especially if the platform has a learning curve that initially diminishes efficiency relative to existing referral processes. Staff concerns about patient privacy, communication support, and technological challenges will need be addressed through training and staff engagement in implementation planning.

Patient Access. Providing patients direct access to referral platforms through patient portals can increase their use of referral resources. Ideally platforms will allow patients to

search resource directories based on their own priorities, initiate self-referrals. Platforms should be able to provide data on how patients are using the platform.

Promoting CBO Engagement. Community resource referral platforms won't be effective if CBOs don't use them. Limitations in staffing and technology resources can hinder CBO engagement, especially in rural communities. Financial incentives or in-kind technical support may be needed to increase CBO adoption and fully realize the potential of these tools. While the prospect of increased referral volume may be enough for some CBOs, many will need additional support and incentives. Use of the platform and training should be offered at no cost to CBOs. Financial incentives, such as direct payments to CBOs (for referral acceptance or service delivery), may also be needed.

ACOs should consider proposing a more broadly framed value proposition to CBOs. Non-financial incentives for participation, including access to health system data, the potential for joint fund raising, access to clinical expertise, connections to payers, support for contract negotiations, and collaboration among network partners, may be powerful motivators. These activities foster more meaningful partnerships that rise above the transactional demands of the referral process.

Strategic Investments

Investments in referral network development, data analytics, and information technology are recommended to maximize the impact and effectiveness of social service assistance activities.

Establishing a Preferred CBO Network. Cultivating a preferred CBO network allows ACOs to focus engagement efforts and capacity development on high-value partners. While platform vendors may assume some responsibility for CBO recruitment, ACOs should anticipate conducting their own outreach and relationship building. Preferred partners can be identified through open calls for applications or targeted outreach. Contractual agreements stipulating business requirements (e.g., acceptance of electronic referrals, minimum referral acceptance rate, targeted referral response times, percentage of closed referrals, and data sharing provisions), as well as the benefits to CBOs (e.g., data access, funding arrangements) can help to clarify mutually acceptable terms for these relationships.

Tracking CBO Performance. Data tracking and analysis are necessary to assess how CBOs are using referral platforms and whether they are completing referrals effectively. Platforms should be able to track the number and type of referrals, response time, referral acceptance rates, and percentage of closed referrals. Platforms may require customization to support the types of performance monitoring required by ACOs and to ensure data accuracy.

EHR Integration. Integration of referral platforms with EHRs can increase referrals, support improved clinical decision making, and facilitate effective communication with CBOs. The major platforms generally offer EHR integration, but implementation can be time-consuming, expensive.

Effectively serving patients with complex needs requires collaboration between the health care and social service sectors. ACOs seeking to help patients by facilitating access to social

services should recognize that these activities depend on meaningful, supportive partnerships with CBOs. Community resource referral platforms provide tools to aid these partnerships, but they are not a panacea. Substantial investments of time and financial resources beyond the purchase of a referral platform should be anticipated to adequately support patients, staff, and CBOs in building effective social service referral networks.

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