White Paper

Community Referral Networks: Considerations for the Future

EXECUTIVE SUMMARY

Effective coordination of services and supports to victims of adversity or trauma within a complex system of care is a growing area of research and practice. Community practitioners are exploring and testing new technologies for coordinating care and making referrals within complex systems of care. This white paper provides a rational for referral and social networking, reviews the literature surrounding community referral networks, and discusses the advantages and barriers to electronic community referral networks. This resource can be utilized to consider if an organization will continue to use a verbal or paper referral and coordination process or to use an electronic platform to supplement or facilitate the process. Guidance is given for organizations to strategically plan for onboarding, implementation, and maintenance of an electronic platform, if selected.

INTRODUCTION

Many individuals that have experienced victimization or trauma need supports from multiple organizations and sectors within a community (e.g., victim services, law enforcement, behavioral health, primary care).[1] In addition to having to learn how to navigate how to find, get accepted, and participate in new systems and services, families are also experiencing the aftermath of the event. This level of stress often results in feeling overwhelmed, helpless, or hopeless. High stress temporarily impairs a person's executive functioning including planning for the future, remaining organized, making decisions, and regulating attention or emotions. Additionally, many victims will experience mental health or substance use challenges that can impair functioning even more.

Reducing the burden to victims and making the referral process more seamless for families to ensure they have the services they need is the outcome of an effective system. Community referral networks (CRNs) have been developed as one of these strategies to support effective systems. Organizations and community leaders can build, utilize and influence the network to ensure referrals are accepted, referrals result in services, and disparities in access are reduced.[1]

Unfortunately, most of the design and understanding of these systems are based on anecdotal evidence with minimal research that examines the evidence of implementation. Limited to no research has been conducted comparing electronic vs. traditional methods of referrals. In addition, some early findings of implementation have identified barriers for development and use.[2]

This white paper seeks to review the literature on community referral networks, provide best practices for their use, identify common concerns or barriers, and provide recommendations to mitigate barriers.

COMMUNITY REFERRAL NETWORKS

Community Referral Networks are systems that provide referrals and coordination between community or healthcare organizations[4]. These systems are commonly used to provide:[2,3]

- A regularly updated directory of services
- Closed-looped referrals that communicate with the referring organization that the referral was accepted and/or services provided

Electronic CRNs are typically HIPAA-compliant and can integrate organizations from various sectors to ensure needs are being met. Compared to traditional methods of referrals, electronic CRNs have the potential to be more efficient. Literature on use within the healthcare system note that electronic CRNs are associated with positive consumer satisfaction and attendance[5], and a decrease in lost referrals and no-show rates[6]. The diversity of a good system helps create a holistic view of the victim[7] and may be particularly useful for culturally and linguistically diverse individuals as they are able to receive immediate access to a variety of services[6].

Traditional Referral Network

- **Definition:** A verbal or paper referral used by organizations to refer consumers and families to other organizations
- **Examples:** Phone calls, personal connection
- **Advantages:** Organizations are currently doing; personal connections if time allows
- **Disadvantages:** Time-consuming; less closed-loop referral communication; effectiveness is limited to the knowledge and network of person referring
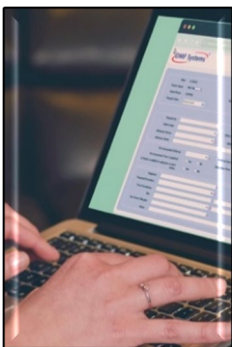
Electronic Referral Network

- **Definition:** An online platform used by organizations to refer consumers and families to service organizations.
- **Examples:** NOWPOW, IRIS, Healthify
- **Advantages:** Increase in closed-looped referral communication; time saving; new staff can access network
- **Disadvantages:** Technology required; limited by the number and types of organizations utilizing the system; resistance to change

BARRIERS TO ELECTRONIC REFERRAL SYSTEMS

Community referral and social networking is essential to provide comprehensive services to victims and their families. The quality of any referral or social support system is that it represents the diverse array of organizations or supports available within any community or system of care. Although electronic referral systems can be more efficient in some ways, knowledge and relationships between organizations and community members is the foundation for both methods. In addition, a sufficient number of organizations are needed before the referral system begins to become advantageous; therefore, early adopters may experience limited benefit until a level of saturation in the community occurs.

Although the system provides tools for closed loop referrals and communication, several implementation barriers have been identified in the literature. These include lack of access to a comprehensive electronic CRN[13] that includes all types of organizations, lack of confidence in using the system[13,14], personal communication preferences[6] and resistance to change[15].

RECOMMENDATIONS

Recommendations for decision on electronic vs traditional CRN:

1. Identify and develop a team to lead the exploration efforts.
2. Collect data and/or interviews with stakeholders including organizations, community leaders, families, and youth that represent the community or system of care to identify the strengths and weaknesses of the current method of referring victims.
3. Hold convenings of a larger group of stakeholders to share results and explore problem solve options and identify a solution, obtain buy in, and to give ideas for implementation.
4. Empower key leaders that will champion the next steps.

Recommendations for Mitigating Barriers to electronic CRNs:

1. Research, use platform trials, and receive consultation from platform developers to select a platform that best serves the needs identified by the community.

2. Identify key leaders with strong spheres of influence to champion the network and organizational development process.
3. Adapt the platform to increase utility to stakeholders. This may include unidirectional vs bidirectional referrals, number of users, notification settings, and integration with electronic health record systems[15].
4. Provide awareness, consultation, and training to potential partnering organizations and to existing organizations to provide clarify of purpose, benefits, and the process.
5. Support, provide recognition, and provide short-term incentives for use, especially for early adopters that will be utilizing the system without the immediate benefit of a fully functional system[15].
6. Create a data collection process with meaningful benchmarks and targets.
7. Develop an implementation team that utilizes a Continuous Quality Improvement/Plan-Do-Study-Act process to achieve outcomes.

CONCLUSION

Networking and referrals are essential to provide comprehensive services to victims and their families. The quality of any referral network is that it represents the diverse array of organizations or supports available within any community or system of care. There are advantages and disadvantages to switching to an electronic referral system. Limit research or literature is available; however, this white paper summarizes the existing literature that identifies benefits and barriers to implementation. The decision to utilize an electronic referral system, the selection of the specific platform, and the process of onboarding and supporting organizations utilizing the system requires strategic and planful efforts.

Regardless of the selection of electronic or traditional systems, all require a foundation of collaboration and relationship between community organizations and consumers. Community Referral Networks and electronic platforms are tools and strategies to create or enhance effective referral systems. Each community or system of care must find the right match for their community – ensuring the tools or strategies introduced help more than they hurt and fit within the strengths and needs of that community.

REFERENCES

[1] Holden, K., McGregor, B., Thandi, P., Fresh, E., Sheats, K., Belton, A., Mattox, G., & Satcher, D. (2015). Toward culturally centered integrative care for addressing mental health disparities among ethnic minorities. *Psychological Service, 11*(4), 357-368. https://doi.org/10.1037/a0038122

[2] Cartier, Y., Fitchenberg, C., & Gottlieb, L. (2019). Community resource referral platform: A guide for health care organizations. Talk at Hunger Vital Signs NCoP Quarterly Meeting. Retrieved from: https://childrenshealthwatch.org/wp-content/uploads/SIREN-webinar-for-HVS-NCoP-2019_05.pdf

[3] Christensen, K., Soucie, J., & Hudson Scholle, S. (2020). Implementing a community referral platform: Recommendations from a real-world implementation experience. National Committee for Quality Assurance. Retrieved from: https://www.ncqa.org/wp-content/uploads/2021/02/20210205_Implementing_a_Community_Referral_Platform_Lessons_Learned.pdf

[4] https://www.communityreferralnetwork.org

[5] Zhao, P., Yoo, I., Lavoie, J., Lavoie, B. J., & Simoes, E. (2017). Web-based medical appointment systems: A systematic review. *Journal of Medical Internet Research, 19*.

[6] Kevat, A., Manohar, J., Bate, N., & Harris, K. (2018). Online referral and immediate appointment selection system empowers families and improves access to public community pediatric clinics. *Journal of Paediatrics and Child Health, 55*, 454-458. https://doi.org/10.1111/jpc.14228

[7] https://www.ncbi.nlm.nih.gov/books/NBK64299/

[8] https://www.nowpow.com/nowpow-platform/

[9] Berry, C., Paul, M., Massar, R., Marcello, R. K., & Krauskopf, M. (2017). Social needs screening and referral program in a large US public hospital system. *Journal of Public Health, 110*(S2), S211-S214.

[10] Lindau, S. T. (2019). CommunityRx, an e-prescribing system connecting people with community resources. *Journal of Public Health, 109*(4).

[11] https://connectwithiris.org/why-iris

[12] https://www.healthify.us/solutions

[13] Alshami, M., Almutairi, S., Househ, M. The implementation experience of an electronic referral system in Saudi Arabia: A case study. *Studies in Health Technology and Informatics, 202,* 138-141.

[14] Cartier, Y., Fichtenberg, C., & Gottlieb, L. M. (2020). Implementing community resource referral technology: Facilitators and barriers described by early adopters. *Health Affairs, 39*(4), 662-669.

[15] Tuot, D. S., Leeds, K., Murphy, E. J., Sarkar, U., Lyles, C. R., Mekonnen, T., Chen, A. H. (2015). Facilitators and barriers to implementing electronic referral and/or consultation systems: A qualitative study of 16 health organizations. *BMC Health Services Research, 15*(568). https://doi.org/10.1186/s12913-015-1233-1