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Title

Barriers to social service organization uptake of community resource referral platforms

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Primary care organizations are increasingly implementing technologies to facilitate referrals of patients to social service organizations (SSOs). For these technologies to be effective, they must be adopted by SSOs as well as health care organizations. Objective: In this project, we aimed to explore facilitators and barriers to community resource referral technology uptake among SSOs in Trenton, NJ and among other 'bright spot' communities, and identify strategies that might increase SSO uptake. Study Design and Analysis: Qualitative semi-structured interviews. Recorded, transcribed, and analyzed for common themes and patterns. Setting or Dataset: 39 interviews among 16 Trenton organizations and 9 'bright spot' communities. Population Studied: Staff and leaders from SSOs in Trenton, NJ that had been invited to use a referral platform (NowPow) and represented a range of adoption patterns. Bright spot communities were outside Trenton, had been implementing a referral platform for at least 1 year, and were considered by external experts to have successfully engaged SSOs. Intervention/Instrument: Semi-structured interview guide. Outcome Measures: N/A. Results: The main barrier to platform uptake among Trenton SSOs was low perceived usefulness. Though most expressed support for the tool conceptually, in practice it did not offer sufficient benefit to motivate SSOs to invest the energy needed for adoption, especially in SSOs with low tech savviness or where the tool was duplicative. A preference for warm hand-offs among some also limited adoption. The few SSOs that found the platform useful provided case management and had staff unfamiliar with local resources. Suggested strategies to increase adoption include better communicating tool value, targeting outreach to SSOs most likely to find value in the tool, and improving functionality to better meet SSO needs. Financial incentives were not attractive to SSOs as it conflicted with their sense of mission. Likewise, successful engagement in bright spot communities hinged on implementing the tool in a way that made it valuable to SSOs. Conclusions: Primary care organizations seeking to use referral platforms need to both better understand and better articulate the value these tools can provide to SSOs. Technology platforms should find ways to better meet the needs of SSOs, not just those of HCOs, if these tools are meant to be adopted by SSOs as well as HCOs.