

Supplemental materials for

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Disclaimer: This perspective does not necessarily reflect the views of the authors' funders.

Prior presentations: Preliminary data from this quality improvement project were presented as a poster: Developing a Telemedicine Workflow for Screening and Referring Patients at UW Northeast Family Medical Center to the Existing Resource Navigator Program. North American Primary Care Research Group Annual Meeting; November 20-24, 2020; virtual meeting, .

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References

1. Link BG, Phelan J. Social conditions as fundamental causes of disease. *J Health Soc Behav*. 1995;80-94. https://core.ac.uk/reader/77145022?utm_source=linkout
2. Gottlieb L, Cottrell EK, Park B, Clark KD, Gold R, Fichtenberg C. Advancing social prescribing with implementation science. *J Am Board Fam Med*. 2018;31(3):315-321. 10.3122/jabfm.2018.03.170249

Supplemental Appendix Table 1. Description of Screening and Referral Workflows when CRNP was on-site (Pre-Virtual) and after CRNP began working remotely (Virtual).

	Pre-Virtual Workflow	Virtual: Problem Identification	Virtual: Workflow Solutions
Screening	Paper screening questionnaire: Clinic staff provided patients with a yellow screening questionnaire (see Appendix 2) for social needs	Informal Conversation: Clinic staff identify patients that might benefit from the CNRP if patients directly or indirectly refer to social needs during virtual rooming or virtual visit	Universal Screening Protocol: Reception staff provide all patients at office visits with a handout of the Navigators' phone number to contact
Referral	Warm handoff: Patients could stop at checkout desk to meet Navigators; clinic staff could directly introduce patients to the Navigators; patients could leave their phone number to be contacted by Navigators	Asynchronous handoff: Clinic staff provide the Navigators with the patient's phone numbers so they can contact patients	<p>Clinician/Staff Referral: All clinicians and staff have access to Navigator phone number and email through electronic health record "Smartphrase" and reminder signs on workstations in clinic</p> <p>Patient Self-Referral: Patients are provided with phone number and email to contact Navigators directly at all office visits and can be provided this information during telehealth visits as well</p>

Navigator Availability	Available to assist patients on-site during business hours.	Navigators work remotely. Available to answer phone calls during business hours.	Navigators work remotely. Available to answer phone calls during business hours. Navigator representatives join clinic huddles (conducted via telephone) weekly to provide updates.
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NOTES

Before the transition to the virtual workflow in March 2020, the Navigators had been averaging 15 new referrals per month. From March 2020 – to September 2020 the Navigators averaged 3 new referrals per month (during this time, Navigators continued to provide resource navigation services to patients that had previously been referred to the program, a panel of ~200 patients). From October 2020 to May 2021 the Navigators averaged 6 new referrals per month.

Both the pre-virtual and virtual workflows included screening materials in Spanish and our clinic’s interpreter services were available to Navigators during phone calls to patients.