

Maximizing the NCCARE360 Network to Advance the Public's Health: A Guide for NC Local Health Departments

This guide is to act as a foundation for local health department use in the planning, implementation and department evaluation of NCCARE360 integration. This tool streamlines and standardizes referrals, creates an instant, virtual connection between service providers and closes the loop on client service provision. By maximizing platform utilization, your department has the opportunity to enhance the linking to service and provision of care while mobilizing community partnerships that influence the advancement of the public's health.

What is NCCARE360?

[NCCARE360](#) is the first statewide coordinated care network to electronically connect people living with identified needs to community resources and allow for a feedback loop on the outcome of that connection. NCCARE360 unites healthcare, human services, and community-based organizations with a shared technology platform allowing for a coordinated, community-oriented, person-centered approach to delivering care in North Carolina.

The technological connection ensures accountability around services delivered, provides a “no wrong door” approach, closes the loop on referrals made, and reports on the outcomes of the connections. Through NCCARE360, community partners will have access to:

- A robust statewide resource directory that will include a call center with dedicated navigators, a data team verifying resources and text and chat capabilities.
- A data repository to integrate resource directories across the state to share resource data.
- A shared technology platform that enables health care and human service providers to send and receive secure electronic referrals, seamlessly communicate in real-time, securely share client information and track outcomes.
- A community engagement team working with community-based organizations, social service agencies, health systems, independent providers and more to create a statewide coordinated care network.

NCCARE360 Referral Process

There are multiple avenues to send or provide a referral through NCCARE360, all of which are streamlined to integrate into diverse workflows and allow for the tracking and monitoring of closed-loop process measures and outcomes.

Self-Referrals

Self-referrals can be submitted by consumers via a public-facing form on [NCCARE360.org](#). Self-referrals through NCCARE360 require consent, which can be submitted electronically by the consumer or with the assistance of the NC 2-1-1 navigator. NC 2-1-1 navigators are also available to act as the care coordinator for health providers in instances where there are complex needs requiring

ongoing exchange of information with the patient or where capacity to follow the patient overtime is limited. The NCCARE360 navigators can be referred to on the platform just as any other referral. In addition, in late 2019, the NCCARE360 resource directory will be available on [NCCARE360.org](https://nccare360.org) allowing individuals or providers to search for resources anonymously.

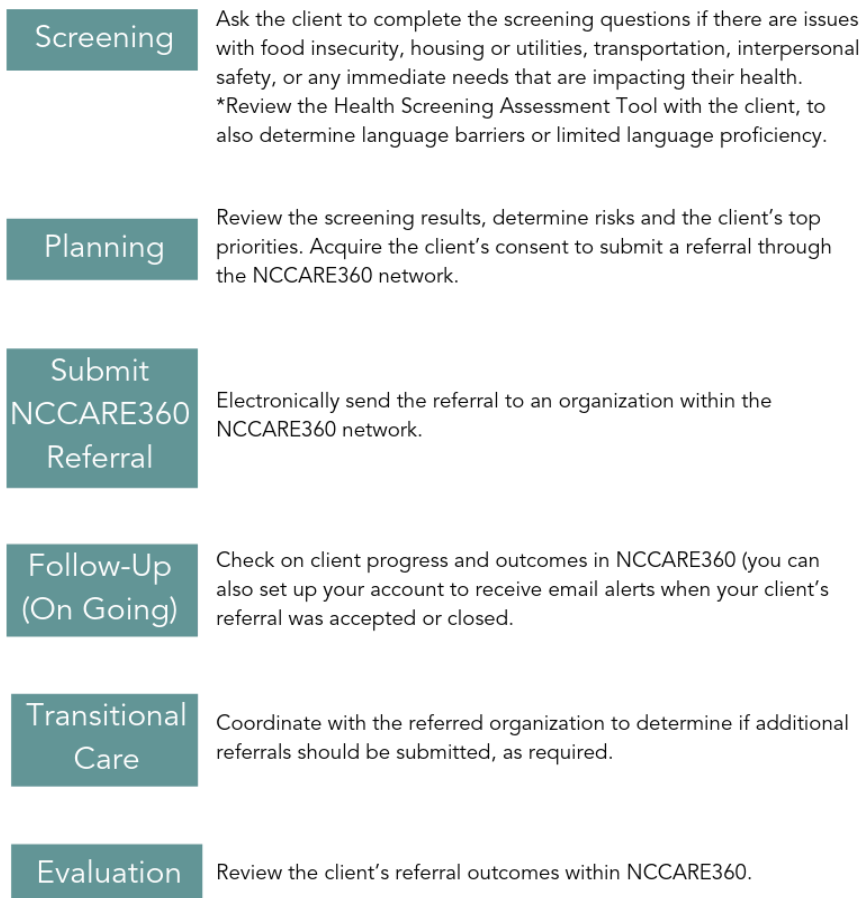
In-Network Referrals

To be considered “In-Network”, an organization must complete the on-boarding process with a NCCARE360 Community Engagement Manager. The on-boarding process consists of completion of the software training, an end user agreement to adhere to the NCCARE360 network requirements, and an agreement to respond to referrals and report outcomes. Organizations that have completed the on-boarding process are able to send referrals directly through NCCARE360.

In-Network Referral Advantages:

- Electronic referrals (with consent) are sent to and received from organizations within the NCCARE360 network
- Allows for granular outcome reporting, longitudinal patient record, and network reporting
- Focus on outcomes provides more accountability and a Return on Investment (ROI) driven approach

NCCARE360 In-Network Referral Process at Local Health Departments



The process for receiving referrals through NCCARE360 is similar. If you receive a referral through NCCARE360:

1. Review the incoming referral and determine if you should accept or reject the referral based on eligibility and other factors. Please respond to referrals within two business days. Note: If you reject the referral, make sure to provide information back to the referring organization regarding why the referral was rejected. Also, make sure the eligibility and services information in your organization's profile is up to date making sure you only receive eligible referrals.
2. If applicable, proactively reach out to the client to either set up an appointment or provide more information about your services.
3. Work with the client on their resource needs through your current workflows and practices. Record any relevant case notes that should be shared with the care team (referring provider and other providers working with the client) in NCCARE360.
4. Once the client's case is ready to be closed, record the outcome in NCCARE360. First, decide if the case is resolved or unresolved, then choose the outcome from the discrete list of outcomes in the system. You can also include a free text description to provide additional information and context.

While this describes the general process for receiving or sending referrals through NCCARE360, the system is flexible to meet your workflows and can be adjusted accordingly. More information about workflow configuration is below.

Out-of-Network Referrals

Referring organizations can send referrals to organizations that are in the NCCARE360 Resource Directory but are not currently on-boarded and "in network" on NCCARE360. If a provider or organization would like to send a referral to an out-of-network organization:

- Find the organization in NCCARE360 via Browse Map feature.
- Print, Text, or Email resource information that includes information about services, eligibility, hours, locations and more.
- Provide the client with the resource information in an easily digestible format.

You may call or email the organization on the client's behalf (ensuring that you do not share PHI). Out-of-Network referrals are tracked within the platform using a patient face sheet. A client's consent is not required.

Hardwire Local Health Department (LHD) Processes

Use the following recommendations to integrate NCCARE360 into a local health department's (LHD) workflow:

- Consider all potential department referral senders and receivers. Start with a plan that involves all staff that may send or receive referrals, and narrow as needed over time. The LHD has the option of changing rights in the user profiles for each LHD user.
 - o *Identify sections that will use the platform bi-directionally (sending and receiving). For example, WIC and care management sections are bi-directional, whereas dental may only be receiving referrals.*
 - o *Identify champions within identified sections. This champion may work as liaison to agency coordinator and/or Unite Us staff.*

- Draft initial workflow referral processes, with the anticipation they may need to be altered to include NCCARE360 network use. Through continuous quality improvement processes, add/remove/modify identified staff who will accept and submit referrals. This may change over time as an agency integrates into workflow.
- Establish or revise the agency's written policies/protocols/procedures regarding client referrals. This will incorporate and memorialize the new system's opportunities. Rapid improvement cycle review may support the implementation of these.
- Consider adding new referral processes to quality improvement initiatives for tracking.
- Create an implementation timeline that allows time for proper staff training. Include all staff that will be utilizing network such as direct service providers (clinical, WIC, care managers, environmental health) as well as front line staff (clerical, administrative). Training can be provided through various methods.
- Process legal contracts through county legal review process for the HIPAA Business Associate Agreement, Unite Us End-User License Agreement.
- Process Partner Registration forms virtually as directed from Unite Us staff.
 - *In completing your Partner Registration Form, consider how users will find or identify your agency and services through the network. For referrals to your agency, services are found through a search method or through a system match.*
 - *Consider naming rules for specific programs that tie back to your agency. Example: WIC - Women Infants Children Nutrition Program, Alamance County Health Department. (Rather than putting all programs under the agency.)*
 - *Accuracy of program and service information is critical for effective network utilization. Involve knowledgeable staff in completing or reviewing the Partner Registration Form prior to submission. Create process for updating change of service information and plan for consistent review of program and service information for programs and services that receive referrals through the network.*
- *Note: The NCCARE360 Community Engagement Managers can assist in the workflow process, as needed. Please reach out to them with any questions or needed staff trainings at any time.*

Engage Staff

- Generate internal engagement with staff by connecting NCCARE360 to your clinical or programmatic strategic plan. Consider building a NCCARE360 report goals into your LHD performance management plans, dashboards, and track and trend by program as applicable.
- Utilize various methods like email, social media, staff and leadership meetings to inform community partners and governing bodies of the purpose and progress of NCCARE360.
- Identify internal influencers in all levels of the department and determine strong connectors to external stakeholders. Invite these staff to join community demos and strategy sessions for community rollout planning.
- Acknowledge that your staff already has relationships with many of the service providers, but engaging through the network eliminates the need for the client to understand the referral since the connection is instant and virtual through service providers.
- Engaging all staff in network overview training ensures that even if their role does not call for direct use of the network, the agency as a whole is committed.
- Involve as many staff in training upfront to account for user or service back-up. Training engagement may provide an additional opportunity for understanding and buy-in, so it is better to train too many employees rather than not enough.

Adapt Workflows

Review or develop referral processes with staff

- Set common language for “referral” for agency for common understanding; referrals may currently be in the form of fax, phone calls, brochure, emails, etc.
- Understand how and where referrals are currently being received, sent, and documented in the sections of your department that will be utilizing the network. Use this information to pinpoint key staff that will receive notifications of referrals.
- Consider a phased approach for rollout and implementation. Depending on your department, the primary implementation phase may start with sections/staff only sending referrals through the network or only receiving referrals. The second phase would then include sections/staff using bi-directionally.
- Some sections of your agency may need to document referrals in other systems per specific service or program requirements. Understanding where additional documentation is required is important information to consider as part of adapting workflow.
 - *Example: NCCARE360 referrals will need to also be documented in EMR for clinical staff and VH for care managers. If the clinic medical provider puts a needed referral into a patient’s medical plan and a nurse is posting or closing the visit, the nurse will then need to make the referral through NCCARE360.*

Support new workflow

- Consider a phased-in approach for implementation and initial rollout. Depending on your agency, the primary implementation phase could start with sending referrals (only) or receiving referrals (only). The second phase would then include sections or services using the network bi-directionally.
- Initial and ongoing engagement in workflow assessment is critical for all services and programs that utilize the network. Full NCCARE360 integration in workflows may vary depending on processes and users.
- Accuracy of program and service information is critical for network utilization. Consider adopting agency leads to create processes and plan reviews of program and service information on a routine basis.

Expect Results

Agency Outcomes

- Review department referral data for totals, types of referrals sent and received from specific users or programs and services in your agency. Identify users or service types that are not utilizing NCCARE360 as directed by new workflow and address barriers through workflow adjustment, additional training, or other methods as needed.
- Review department referral data for incoming referrals to programs and services to identify service delivery impact.
 - *Example: Some agencies have shown that in house referrals were closed the same day, and in some cases during the same visit. A customer receiving clinical service in your department identified as eligible and interested in participating in WIC. Through a referral in NCCARE360, WIC staff are able to receive and respond in real-time to allow the customer to be seen directly following their clinical service appointment.*

- o *Example: Customers that enroll for SNAP benefits can be referred through NCCARE360 for WIC services, thus eliminating the need for paper or word-of-mouth referrals.*
- Review data reports for numbers for services receiving referrals.
 - o *Example: Compare referrals to department programs and services with actual program and service numbers. Referrals could impact WIC participation rates/care management engagement rates.*

Community Outcomes

- Collectively utilize referral data to identify community demands and service needs. The referral data may also give evidence to gaps in community programs and services as well as duplication of efforts.

Be a Community Champion

- As a public health leader, use your influence and the influence of your department leaders to reach out to other local agencies and assure they will be attending community demos and strategy sessions hosted by Unite Us Community Engagement Managers.
- Identify other local champion agencies (local United Way, hospital, FQHC) or people (members of your governing board) and use as an influence arm to increase network utilization. Ongoing community agency utilization is essential to network use and continued growth.
- Use community meetings as an opportunity to engage with community-based organizations to collectively envision short- and long-term network successes, and how the network will influence community outcomes. Make a plan to share this with network users and to the community.
- Consider including outside agencies to participate in your department's NCCARE360 rollout training. This could foster partnerships and offer support for local community agencies.
- Use referral data reports to identify and engage external agencies that are not utilizing the network and share benefits and common community vision.
- Celebrate rollout and community-wide impact by utilizing data and success stories.
 - o *Example: Your public health department may consider utilizing local media outlets or other community outlets to share information about the NCCARE360, the influence it has had on community-wide service delivery, and the personal impact it has had on the lives of residents in their community.*