PAServes: A Model for Effective and Efficient Referrals Among Healthcare and Human Service Nonprofits

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AGENDA

1. What we know about effective referral networks
2. About the PAServes model
3. Three key human elements and how they work:
- Communication with partners
- Community navigators
- Community of practice
4. Portable lessons for collaborative leaders

CLIENT JOURNEY

- Network design reflects client journey
  - Outreach
  - Effective help matching to right program/organization
  - Monitors enrollment and service delivery
  - Able to track client outcomes across repeated referrals

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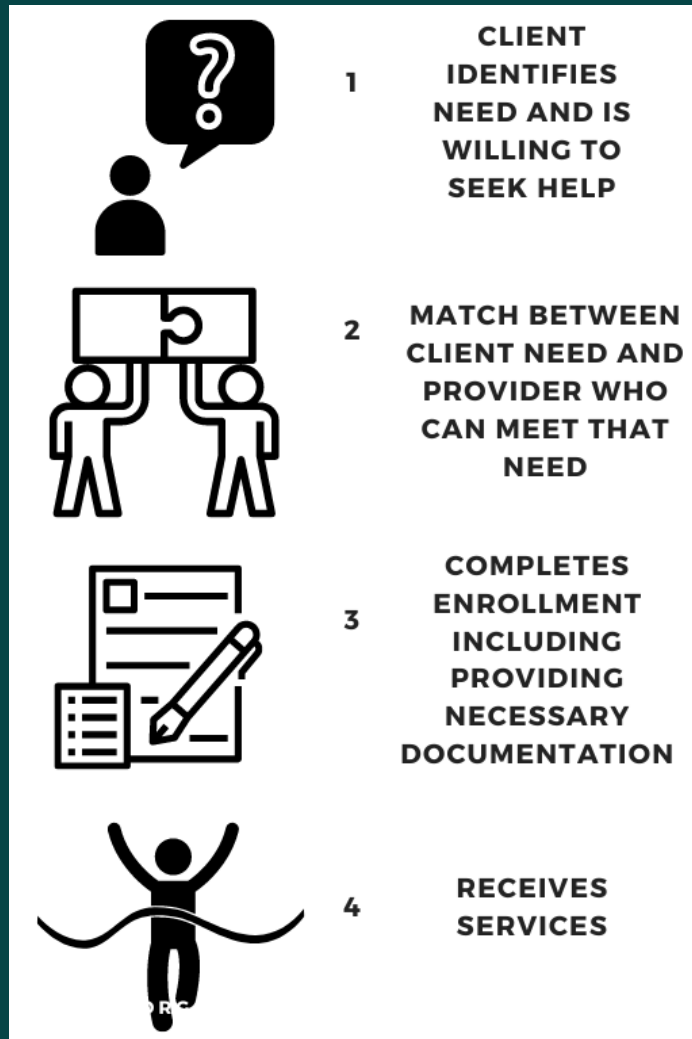
EFFECTIVE NETWORK DESIGN

- Technology is necessary but insufficient for great referral network design.
- Other key elements include:
  - Effective processes to update the resource directory with accurate and timely information, including information about changing program capacity.
  - Strong relationships among providers who share the goal of delivering holistic care to clients/patients.
  - Processes to monitor and act upon critical indicators of network performance.
  - Sufficient resources dedicated to network management.

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ABOUT THE PASERVES MODEL

- Network Development
- Key Roles
- Current State
- Evaluation Framework
- Example Metrics

PAServes – Network Development

Assess	Plan	Build

- Evidence of need
- Interest and support from stakeholders
- Initial funding

- Identification of potential providers
- Series of stakeholder sessions
- Alignment on shared goal, approach, and measures

- Selection of coordination center (backbone/hub)
- Selection of referral management platform
- Onboarding and training of participating providers

PAServes – Key Roles

- **Coordination Center:** conducts client intake and manages their referrals, maintains relationships with providers and knowledge of services/capacity, monitors and shares lessons/outcomes

- **Network Providers:** refer clients for needs outside scope, maintain consistent communication with coordination center, use technology for tracking

- **IVMF:** provides technical assistance, conducts measurement and evaluation, facilitates community of practice

PAServes – Current State

Active since **October 2015**
Serves **30 counties** and **4 VA Medical Centers** in PA, NY, and OH
Estimated veteran population of **242,403**

35.2K Requests Coordinated for **11.6K** Military-Connected Clients

Most Requested Services to Date:
Benefits Navigation – **18%**
Income Support – **16%**
Clothing & Household Goods – **15%**
Housing & Shelter – **9%**
Transportation – **8%**

2024 Year to Date Metrics:
Providers Sending Referrals – **17**
Providers Receiving Referrals – **43**
Typical Time to Match Clients to Providers – **1 Day**
Typical Duration of Service Request – **8 Days**
Resolution Rate – **82%**
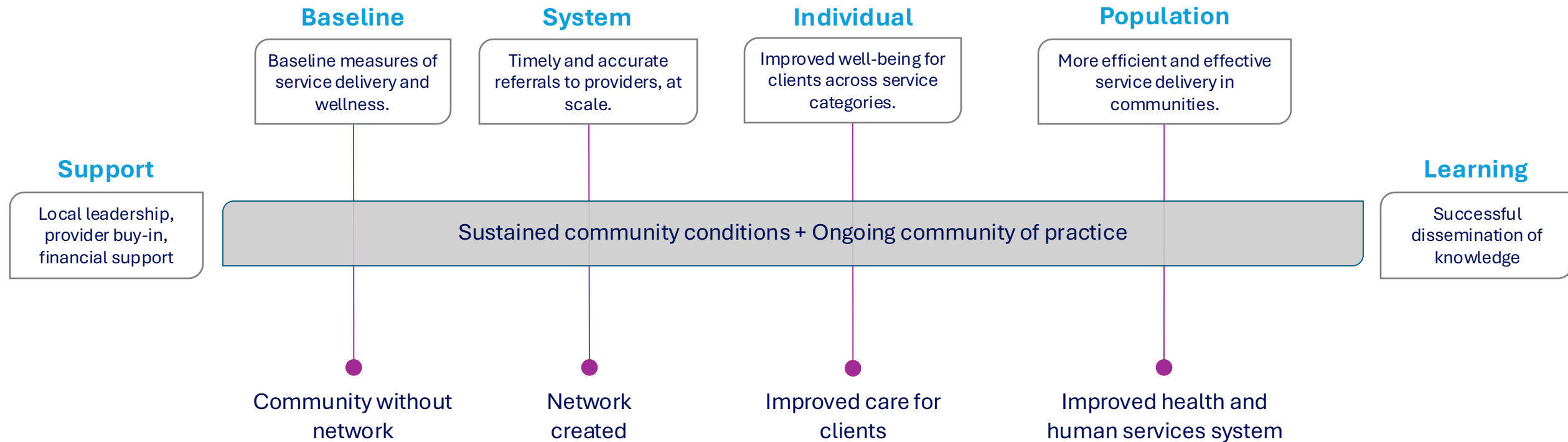
Data notes:
Estimated population from 2022 American Community Survey 5-Year Estimates Subject Tables – S2101 | Veteran Status (U.S. Census Bureau)
PAServes data window from October 1, 2015 through August 31, 2024 unless otherwise indicated

PAServes – Evaluation Framework

Levels/Categories of Measures and Outcomes

Baseline

Baseline measures of service delivery and wellness.

System

Timely and accurate referrals to providers, at scale.

Individual

Improved well-being for clients across service categories.

Population

More efficient and effective service delivery in communities.

Support

Local leadership, provider buy-in, financial support

Learning

Successful dissemination of knowledge

Sustained community conditions + Ongoing community of practice

Community without network

Network created

Improved care for clients

Improved health and human services system

PAServes – Example Metrics

Growth and Scale

- **Clients:** # of new (or total) clients over a given time period
- **Requests:** # of unique (or co-occurring) requests over a given time period

Provider Engagement

- **Provider Referrals:** % of requests originating from network providers (vs. client self-referrals)
- **Active Providers:** % of network providers making or receiving referrals

Process Outcomes

- **Accuracy:** % of referrals served by first provider
- **Time to match:** median (or average) time to match a referral to a provider
- **Resolution rate:** % of requests resolved successfully by a provider

Conditions

- **Sustainable funding:** continued stable funding sources
- **Stakeholder buy-in:** persistence of advocates and supporters across sectors

ROLE OF COMMUNITY NAVIGATOR

- Air traffic controller for the referral network. From the perspective of the community-based organization, the navigator must be a trusted referral source and send accurate referrals.

- Conducts intake with clients and triages co-occurring needs.

- Works "kneecap to kneecap" with providers.

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COMMUNICATION WITH PARTNERS

- Frequent communication with partners is critical for mission success.

- At least monthly discussions about any changes happening with partners including turnover, program funding shifts, differences in capacity to take on clients.

- During COVID-19, there was daily communication to monitor changing capacity and issues.

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COMMUNITY OF PRACTICE

- Locally, in-progress reviews allow providers to troubleshoot issues in the network.
  - o Collectively the network has 3-5 KPIs, which inspires community engagement.
  - o Can be done on a regular cadence or as needed.
  - o Increasing collaboration between regular partners improves usage and accuracy.
- As part of AmericaServes, the community of practice shares best practices across 12 networks.

LESSONS FOR MULTISECTOR COLLABORATION NETWORKS

1. Take the time to build relationships with partners and to find common ground. Networks move at the speed of trust.

2. There needs to be someone managing the referrals and identifying areas for improvement using KPIs.

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Thank you!

Questions?