

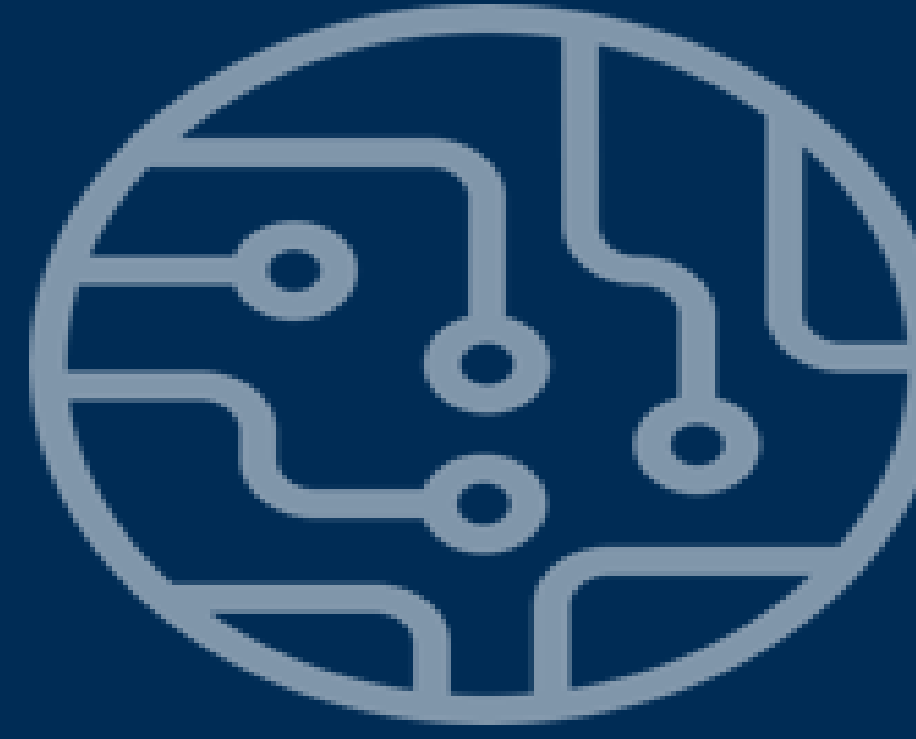


Evaluation of a closed-loop referral platform for addressing patient's social needs: Thrive Local Initiative

Kaiser Permanente Colorado, Partners in Evaluation & Research Center & Kaiser Permanente Washington, Center for Community Health Evaluation

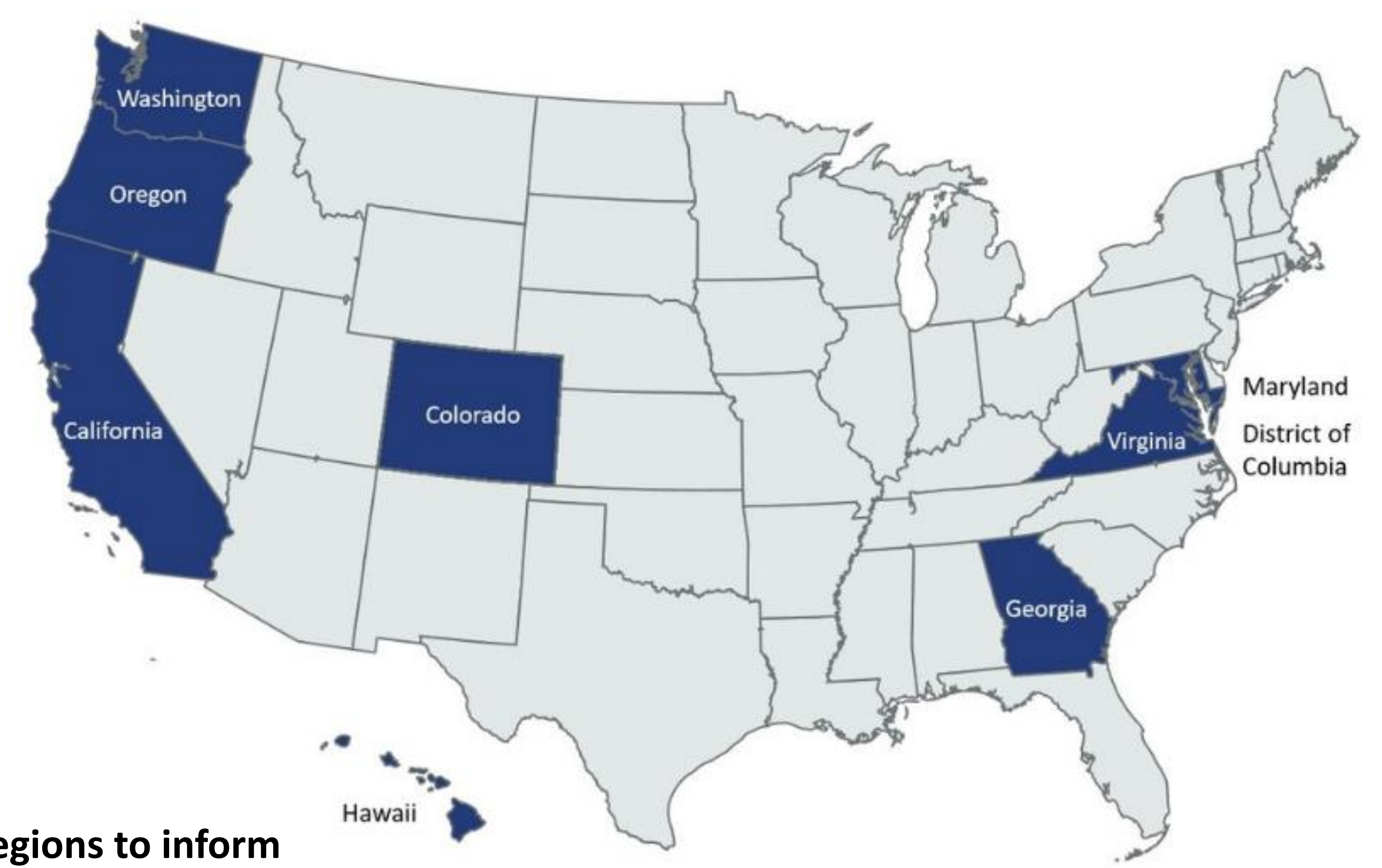
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Thrive Local Consists of 3 Components

Resource Directory  Online platform allows users to search and filter for community resources Resources updated regularly by contracted vendor	Community Networks  Community Based Organizations (CBOs), health care providers, and public agencies outside of KP use vendor platform KP users send and track referral to Community Network
Technology Platform  Closed loop referrals Bidirectional exchange of information between KP and Community Network Integration with KP HealthConnect and kp.org	

Together, these components provide integrated clinical and social care, supported by data integration and partnerships with the community

Thrive Local Regions, Phased Implementation (February 2020 – May 2021)



Pragmatic Evaluation Goals:

- 1) provide rapid feedback on the implementation of Thrive Local as it is rolled out across regions to inform decisions and improve implementation
- 2) assess the overall impact of the initiative on reducing patient's social needs and improving health outcomes

Evaluation Setting/Population: KP providers/staff, CBOs, KP members

	Reach (R)	Effectiveness (E)	Adoption (A)	Implementation (I)	Maintenance (M)
Methods	Data generated from referral platform	Patient survey: baseline and 3, 9, and 15 months Electronic Medical Record: pre and post	Secondary review of documents: project management documents, notes from planning and implementation meetings Primary data collection: KP operations check in meetings, site visits, interviews with community-based organizations, data generated from platform		
Measures	Ex: # enrolled, # connected to CBO, # receiving service, characteristics of those receiving services/not receiving	Ex: burden of social needs, patient satisfaction, self-efficacy, missed appointments, health outcomes	Structure: the extent to which Thrive Local elements are in place (e.g., workflows, access to platform and training on platform, community agencies recruited and trained) Functioning: the extent to which the system is operating as intended (e.g., KP user experience/satisfaction, performance metrics, CBO and patient experience)		
Challenges	Unit of analysis: patient and need; denominator Data quality: not controlled by evaluation team Data control: Multiple people working with/reporting data Stakeholders: balancing priorities and expectations	Study Design: rolling implementation, control group selection Measuring Change: screening versus burden; correlation of needs; sensitivity to detect change	COVID-19 is changing methods (e.g., no in person conversations), measuring adoption and implementation of a new system/workflow in a healthcare organization during a pandemic Overlapping evaluations: other evaluators/researchers asking similar questions Implementation across 8 regions: Same program rolled out different ways, at different times, with different populations		

Goal: Rapid feedback of learnings to inform roll-out of initiative in across regions