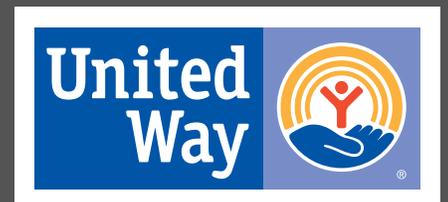




# BUILDING CONNECTIONS FOR A HEALTHIER NORTH CAROLINA

UNITED WAY OF NORTH CAROLINA AND  
NCCARE 360

A UNITED WAY INNOVATION CASE STUDY



**U**nited Way of North Carolina recognized the need for investment and stronger coordination in food security, safe and affordable housing, and better connections to work supports to improve North Carolinians' health. The 2019 launch of [NCCARE360](#), the first statewide care coordination platform, provided an opportunity to build a collaborative model of care coordination between health care providers and community based organizations (CBOs) focused on ensuring patients connected with services addressing social determinants of health (SDoH). NCCARE360 is part of a broader healthy opportunities network envisioned by the state Department of Health and Human Services.

NCCARE360 is a collaboration of thought leaders who understand that access to services is key to health, whether medical or basic needs (i.e., SDoH). NCCARE360 enhances existing infrastructures and aligns a referral and outcomes technology platform with current workflows for ease of use. Additionally, [NC211](#)'s community resource data is replicated within a data repository that can be shared as a public utility and where organizations can also contribute large community resource data sets. The repository has a public search function and is used within the platform to assist in the onboarding process for organizations, and as an external resource directory for those organizations not yet onboarded to the platform. The third component of NCCARE360 is the use of NCCARE360 navigators, embedded in 211, that assist health providers where patient need is complex and who are screened at high risk. The navigators act as an extension of the health provider network and provide the care coordination for the SDoH needs.

NCCARE360 has allowed communities to have a new conversation about how best to work together with health providers for the benefit of clients. The immediate feedback on the success of the referral also enhances the ability to meet the needs of the client, and documented outcomes inform not only successful connection but also highlight where gaps in service or barriers exist to accessing services. This is an important barometer for monitoring disparities in the state's human service delivery systems.

**"I found community providers that I didn't even know existed. I even partnered with two new practices where I now go and provide WIC services to their patients, so I'm reaching new people. This is long overdue!"**

**-Alamance County Health Department**



## CARE COORDINATION VISION

United Way and NC211 were working on building a care coordination program with Unite Us (a care coordination technology platform). As the state built out its vision for statewide care coordination, United Way immediately saw the opportunity to provide a best in class approach that allowed real time communication. This approach includes:

- ▶ The ability to make electronic referrals.
- ▶ Securely sharing client information.
- ▶ Tracking outcomes together.
- ▶ Leveraging the existing database of community 211 resources.
- ▶ Aligning with local community efforts (United Way, health departments, hospital systems, and other community leaders).

The goal is to build a "No Wrong Door" approach for clients, who are only entered into the system with their permission by a care manager within a health system or any agency who is licensed to use the platform for their work. The care manager or CBO cannot make a referral until the client grants permission, which is only done once. That client consent can happen in a variety of ways: on the phone, by email, text, signing an iPad, an old-fashioned paper form, or by an agency's uploaded form of attestation. Once the client is in the system and receiving referrals, the original care manager can see the client's whole journey.

Historically, information and referral services, such as 211, provided an avenue to connect to local services while maintaining confidentiality and anonymity. As technology advances have developed, American culture has shifted from a privacy stance to a more open system of sharing personal information. This more open system is apparent in social media but also within people's memberships through health care, affinity groups and services. As technology advanced, so did the interest in data collection at all points of interaction. The expectation has continued to grow that health and human service organizations, including information and referral services, share those data points and

adapt their business models to also provide data connections to short- and long-term outcomes.

Adding a care coordination type technology, as a toll, for CBOs is one answer to enhancing the connection of people to services, while collecting these data points and outcomes. Through NCCARE360, a client's need(s) are matched to each provider using the platform. The referral is sent immediately, with the permission of the client, and each agency either accepts or rejects that referral. The organization who sent the referral automatically receives that acceptance or rejection and updates along the way. Once the referral outcome is known, that is also captured within the software and is viewable to anyone working with a client.

## Improving Coordination Efficiency and Accuracy

### The Transactional Benefits of NCCARE360

TRADITIONAL REFERRAL	THROUGH NCCARE360
  <ul style="list-style-type: none"> <li>• Service provider cannot always exchange PII or PHI via a secure method</li> <li>• Limited prescreening for eligibility, capacity, or geography</li> <li>• Onus is usually on the client to reach the organization to which he/she was referred</li> <li>• Service providers have limited insight or feedback loop</li> <li>• Client data is siloed &amp; transactional data is not tracked</li> </ul>	 <ul style="list-style-type: none"> <li>✓ All information is stored and transferred on HIPAA compliant platform</li> <li>✓ Client is matched with the provider for which he/she qualifies</li> <li>✓ Client's information is captured once and shared on his/her behalf</li> <li>✓ Service providers have insight into the entire client journey</li> <li>✓ Longitudinal data is tracked to allow for informed decision making by community care teams</li> </ul>

Within the NCCARE360 model, there are also team members assigned to network health, who ensure that licensed users are making referrals consistently, and accurately reporting outcomes. As with any technology, maximizing usage drives quality data and this is most important to NCCARE360. Another success component will be maximizing licensed users that represent a cross section of all need areas. If there is not a depth of resources available, users will become discouraged and not use the platform. Onboarding organizations, training, and customer success all require dedicated staff and commitment to NCCARE360. United Way can play an important role in articulating the benefits of care coordination to community partners, thus ensuring participation and a cross section of service providers utilizing the platform.

For United Ways, the opportunity exists to work with local funding partners to collect data and outcomes across the United Way footprint. The outcomes reported lift up the priority needs in the community with actual data on what success means and where gaps and barriers exist to accessing services.

# NCCARE360 COMPONENTS

United Way of North Carolina, the contract lead on NCCARE360, worked with Unite Us (a care coordination technology platform) and Expound Decision Systems (a data repository expert) to respond to the statewide care coordination platform Request for Proposals through the Foundation for Health Leadership and Innovation (FHLI; a local incubator which owns NCCARE360). FHLI worked with the Department of Health and Human Services to align the vision for the statewide care coordination center with the department's overview vision for building health opportunities for all residents in all 100 counties.

### NCCARE360 DELIVERABLES

FUNCTIONALITY	PARTNER	TIMELINE
<b>Resource Directory</b> Directory of statewide resources verified by a professional resource team adhering to AIRS standards		Ongoing work
<b>Call Center Support</b> Team of NCCARE360 Navigators. NC 211 Call Centers to use platform for general I&R.		
<b>Resource Repository</b> APIs integrate resource directories across the state to share resource data.		Phased Approach
<b>Referral &amp; Outcomes Platform</b> Referral platform with closed loop functions.		Rolled out by county January 2019 - December 2020
<b>Community Engagement Managers</b> Community Engagement Managers for workflow, change management, continued in person support.		

The NCCARE360 deliverables are threefold – a resource directory and call center support; a resource repository; and a referral and outcomes platform supported by community engagement managers.

## Resource Directory

Data Team Role:

- ▶ Update resources within all 100 counties within 2 years, with priority given to upcoming implementation communities.
- ▶ All resources are verified according to AIRS standards.
- ▶ All updated resource listings have been re-written in 5th grade reading level.
- ▶ Find pockets of resource gaps and try to determine how gaps might be filled (by another county, or with help from the local United Way and local stakeholders).
- ▶ Data Coordinators attend strategy sessions to help identify new resources where gaps exist.
- ▶ 139 Organizations, 225 Programs and 523 Sites Updated Catawba County Resource Out of Network.
- ▶ COVID Specific Updates 12,802 and 1,103 New Services Added.

NC211 lies within United Way of North Carolina, with the call center functions contracted out to two providers in the state. The NC211 resources are managed within United Way of North Carolina. With NCCARE360, the Resource Team was expanded to include seven resource coordinators responsible for updating and restating service descriptions at a fifth grade reading level for all 16,000 service listings. Resource Coordinators also adhere to AIRS standards and apply style and taxonomy consistently across all listings. The team completed the updating process in 18 months and is now working with the implementation team to pinpoint the most requested services in 211 to onboard to NCCARE360. The updated resources are the backbone of the public facing Resource Repository and the out-of-network resources (non-licensed service listings) within the NCCARE360 technology platform.



## NC211 Call Center Support

The NC211 Call Center will begin to offer referrals (with permission) across the platform after implementation has been completed to ensure the depth of resources are sufficient in all 100 counties. NC211 will also continue to provide confidential and anonymous help 24 hours a day, seven days a week, every day of the year as many callers still prefer not to share information. NC211 is also using the platform to refer to specific agencies that are receiving CARES Act dollars for housing and anticipate adding other initiatives in an ongoing fashion.

NCCARE360 Navigators are employed by the NC211 call centers and act as at-large care navigators. The role was initially envisioned for single physician practices who did not have capacity to use the system. NCCARE360 Navigators would act on their behalf helping to connect their patients to services. The role has evolved to be a connection point for health systems and other CBOs who need expertise in complex circumstances, such as housing, requiring multiple interactions with clients over a period of time. NC211 Navigators are one of the top users of the platform.

## Resource Repository

United Way built the resource repository to remove the silos between resources, save money, and increase efficiency in maintaining the repositories. Anyone can contribute to it and anyone with permission can pull resource sets through a developer portal. The goal is to build trust in the repository resources so duplicate efforts are no longer necessary across sectors in building resource directories.

The resource repository, hosted by Expound Decisions Systems, is designed to be a single, trusted shared cloud – a public utility – for the entire state of North Carolina. The repository duplicates all the NC211 resources through an API and delivers it to the public facing web search at [nccare360.org](http://nccare360.org) and to the care coordination platform as a viewable resource directory within the platform. Having (out of network) resources is an important feature during implementation to ensure that a broad range of service options are available as agencies onboard. The repository not only makes sharing and updating information simple, but also provides an opportunity to meld various data sets across sectors in one place for use by all.

The repository has a governance structure that outlines specific parameters by which the repository can be used to uphold the intent of a noncommercial public utility.

## Referral and Outcomes Platform

Unite Us technology supports the NCCARE360's platform which allows referrals between agencies and healthcare providers. United Way chose Unite Us as a partner as the organization already had a North Carolina presence through NCServes (a veteran's network) and was committed to a local community-by-community engagement strategy where local United Ways could participate. Although the platform itself is national, there are components on the platform that can and do allow for localized screening and assessment. Unite Us has also created system-wide improvements based on experience in North Carolina, including addressing sensitive service organizations use of the platform around domestic violence, legal issues, etc. There is also great flexibility in building an individual organization's permission levels which can control who internally and externally has access to sensitive information.

As this care coordination practice continues to evolve, ethical concerns of privacy and security are a high priority. Hospital systems put the NCCARE360 platform through rigorous privacy and security testing. Unite Us also provides results on third party testing routinely, as client consent is mandatory prior to beginning care coordination.

# IMPLEMENTATION TIMELINE



## OUTCOMES REPORTING AND EVALUATION

Outcomes reporting, as a network and by implementation communities, is a continuous process that occurs through scheduled in-progress reviews community by community. Individual referral history and outcomes by agency are available in an export as needed. Overall evaluation of NCCARE360 will begin with looking at network performance, and impact and referral improvement data points. A long-term evaluation on health outcomes will also be conducted in the future.

Taxonomy Level 1	#Programs	#Agencies	#Sites	#Services
Basic Needs	2,552	1,625	2,155	4,338
Consumer Services	657	498	702	1,088
Criminal Justice and Legal Services	1,080	853	1,198	1,539
Education	584	430	612	1,062
Environment and Public Health/Safety	345	297	373	586
Health Care	2,366	1,204	1,714	4,820
Income Support and Employment	987	514	660	1,708
Individual and Family Life	3,320	2,005	2,899	5,902
Mental Health and Substance Use Disorder Services	874	606	879	1,632
Organizational/Community/International Services	1,951	1,410	2,006	4,193

### Where NCCARE360 is Today

In its first year, NCCARE360 impacted 957 clients and addressed 1,613 needs. The platform had over 10,000 trusted, verified 211 resources. The network successfully launched in 50 counties. Through socialization meetings, United Way introduced NCCARE360 and its value-add to 2,500 community organizations. NCCARE360 has also sparked the interest and support of other United Ways.

This work has helped to restore the credibility of 211 and its

significance to the public. United Way is currently on track to achieve its goal of launching NCCARE360 in 100 counties by the end of 2020. The work of United Way and partnering agencies helped to bridge the referral process, providing real-time updates. This “no wrong door approach” prioritized the accountability of all care coordination participants.

At this writing, NCCARE360 is ending its second year of implementation, despite changing course during the COVID-19 pandemic. The original implementation strategy has shifted to include all 100 counties, allowing CBOs to onboard anytime. This has been especially important as various COVID initiatives have used the platform to streamline referrals from one agency to COVID service providers. NC211 navigators have also been expanded to be the single point of entry into CARES Act dollars that will assist those experiencing homelessness due to COVID-19. The platform is also being used by contact tracers and community health workers to help direct people to basic needs services, using the out of network NC211 directory feature in the platform.

The biggest win has been securing additional contracts with two large health systems who have a statewide footprint. The hospital engagement will likely drive more CBOs to onboard which will have a positive impact for all communities. There has also been a lot of interest by special interest groups to utilize the platform for internal processes and referrals. Balancing these opportunities along with continuous onboarding is challenging but does illustrate the potential for what the platform can be to various user groups.

The NCCARE360 rollout tells a story of how a community ties services together to address whole health and strengthen existing collaboration. In the future, this work will provide outcomes data to improve reporting on funded programs, inform grant writing, identify resource gaps and need trends.

Statewide outcomes will also be available. Finally, long term, United Ways will receive evaluation data that aligns it with their community work allowing them to focus on initiatives that really make a difference, and where they can better partner to achieve their goals.



## ADVICE FOR OTHER UNITED WAYS

**Define upfront how a care coordination initiative fits into your United Way's organizational mission and what role your organization would like to play.**

- ▶ As vendors and other potential partners reach out to United Ways to explore a care coordination initiative, go into those conversations with: 1) a clear understanding of how the effort relates back to United Way's mission; 2) United Way's point of view on the initiative; and 3) what United Way's role should be in the effort. There are many ways for United Way to participate – as a funder, implementation lead, partner, or for data acquisition and reporting. The key is to be clear about United Way's role from the beginning.

**Being clear about your care coordination strategy from the beginning will help with choosing a platform vendor.**

- ▶ Your decision about which vendor(s) to work with flows from the care coordination strategy - take control of that from the start. Within your vision of care coordination, decide if there is an advantage to working with one vendor or multiple vendors, or is the decision around vendor choice driven by funders or government? Are you agnostic about which vendor you work with or not? Clarify that point of view at the beginning. The technology platform is a product that you are thinking of leveraging – it's not the care coordination strategy.

**Define what you want specifically out of your participation and write it into your Request for Proposals (RFP).**

- ▶ Do you want funding? United Way brand awareness? Serve in the role of leader? Figure that out beforehand and include it in your RFP.

**Do a strategic screen against potential partners to ensure that the technology will do what is needed as it's currently set up.**

- ▶ Questions to consider include: Does the platform need to be national or customizable (e.g., is there a partner that needs to report specific outcomes that are not part of a platform), what data needs to be reported and can the platform deliver it in an export, and will the platform serve as a business intelligence tool or dashboard? Is the dashboard nationwide or can it deliver data specific to a region? Examine platforms carefully for the features they are currently designed to deliver, because modifications can often take years to implement. Also, make sure that the engagement strategy (that is, onboarding agencies onto the platform) - which takes time and money - is built into the budget, define who will be leading and implementing it, and what United Way and/or 211's roles would be in engaging partners on the platform.

**Be ready to spend money on a good privacy and intellectual property attorney.**

- ▶ Privacy and intellectual property issues are complicated; it's worthwhile to invest in the service of an attorney with the relevant expertise. Who owns the data, terms of use for the data (such as can a person's data be used to pre-populate an online registration form; can a technology vendor share the data with a third party, etc.) should all be spelled out in detail.

**Whenever possible, be vendor agnostic and be the party forming contractual relationships with funders, versus vendors doing so.**

- ▶ It's cleaner to keep funders out of the contractual conversations with vendors because the latter are pursuing their own for-profit interests and may undervalue United Way's relationship and contributions to the care coordination effort. As a partner to the funder, United Way is able to identify and represent in a straightforward way all the pieces of the bigger picture that need to be paid for. It's also important for United Ways and 211 to clarify for the funder that the collaboration is the product, not the technology platform. A direct relationship with the funder also helps the funder pay United Way and 211

for the real value over time of what they bring to the collaboration, especially in its role as the convener.

**Be ready to market United Way's role, as the vendors are masterful at marketing their own.**

- ▶ Budget for and be ready to ramp up your marketing efforts, especially about your role, so that United Way's value and contribution doesn't get lost. Spell out in the vendor and partnership contracts who gets to self-promote and how; be sure to include what happens if these terms are violated. Convene a marketing committee and complete a marketing strategy that includes a style guide; be sure to detail what happens if a partner does not comply with the agreed-upon marketing strategy and guide.

**Create structure around how to govern the collaborative.**

- ▶ This means putting process and accountability around the relationships with each entity in the partnership, such as conflict resolution policies and marketing strategy. Ensure that your contracts define who makes decisions and how deliverables are monitored and reported, as well as consequences for non-delivery.

**Don't underestimate the role United Way and 211 can play in opening doors and aiding in the implementation process in making the engagement strategy work.**

- ▶ United Way and 211 are the experts in the wraparound services, which is critical for understanding the holistic approach of care coordination and translating between partner agencies, healthcare partners, platform vendors, etc.

**Keep updating your stakeholders and constituents on planning, implementation and successes.**

- ▶ United Way has to be able to answer people's questions and dispel misperceptions about care coordination. Talk to other United Ways, be specific about when people can partner, what you're trying to accomplish, and be honest about the barriers.

## LINKS

NCCARE360  
<https://nccare360.org/>

NC211  
<https://nc211.org/>



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