

Title: Compass rose for generating community-based referrals: Best practices and lessons learned

Background – Many health care institutions have adopted electronic health record (EHR)-based social risk screening. Compass Rose, a care coordination toolkit, may be a helpful tool to support connecting patients to CBOs.

Objective – To determine the feasibility of using Compass Rose for community-based referrals to address social needs identified through EHR social risk questionnaires

Methods – Three primary care sites across Mayo Clinic Enterprise in Wisconsin, Minnesota and Florida were selected to pilot Compass Rose. Patients are invited to complete a social risk questionnaire yearly prior to an outpatient appointment, which includes an assessment of risks related to transportation, food insecurity, utility payments, and housing, along with a final question assessing patient's willingness to receive help (i.e., social needs). A Compass Rose episode was automatically generated in the EHR with any identified social need. Clinical staff members were trained in use of Compass Rose tool for enrollment, outreach, and generating referrals to CBOs through FindHelp platform.

Results - Between January 2024 and March 2024, the pilot sites generated 861 Compass Rose episodes. Of those patients with an episode (i.e., at least one social risk factor), 486 (56%) declined assistance and 375 (44%) requested support to help address their need(s). The most common type of support requested related to transportation needs (42%), followed by assistance related to food insecurity (25%), utilities (12%), and housing (9%).

Conclusion – Over half of patients who identified social risks declined assistance and the high degree of variation across sites indicates that screening for need for assistance may be an important consideration for any clinic screening for social risks. Compass Rose is adaptable across a variety of clinical context and easy to use. Connecting with patients asynchronously was identified as a limitation, and further refinement of workflows can be explored to support both synchronous and asynchronous interventions.