

Supplemental materials for

Fraze TK, Beidler LB, Fichtenberg C, Brewster AL, Gottlieb LM. Resource brokering: efforts to assist patients with housing, transportation, and economic needs in primary care settings. *Ann Fam Med*. 2021;19(6):507-514.

Supplemental Table 1: Interviewee Categories

Interviewee Categories	Description	Examples
Executive Leadership	Individuals primarily responsible for overseeing the operations of the entire organization	Chief Executive Officer, Chief Clinical Officer
Program Management	Individuals who oversee specific departments or services	Program Manager, Community Relations Manager, Eligibility Supervisor
Case Management Staff	Individuals who worked within case management teams and who focused primarily on case management activities	Nurse Care Manager, Community Health Worker, Social Worker, Navigator
Practicing Clinician	Individuals whose primary role was the provision of medical care	Physician

Supplemental Table 2: Organizational Characteristics

Number	Description	Composition	Number of interviews	Interviewee(s) Category ^{1,2}	Reason for second interview
1	Urban family medicine clinic in the Midwest (10 to 20 providers)	Single primary care delivery site	1	Program Management	
2	Health system in the Northeast	Hospital, primary care and specialty delivery sites	1	Program Management (2)	
3	Coalition of community health centers in the West	Primary care delivery sites	1	Executive Leadership, Program Management	
4	Health system in the West	Hospitals, primary care and specialty delivery sites	1	Executive Leadership	
5	Health system in the West	Hospitals, primary care and specialty delivery sites	1	Executive Leadership	
6	Rural FQHC in an area that covers two states in the South (1 to 10 providers)	Single primary care delivery site	1	Executive Leadership	
7	Health system in the Northeast	Hospitals, primary care and specialty delivery sites	1	Executive Leadership, Program Management (2)	
8	Rural healthcare system that includes hospitals in two states in the Northeast	Hospitals, primary care and specialty delivery sites	2	Executive Leadership, Program Management/Practicing Clinician ³	First interviewee suggested that the second interviewee may have additional insight as a practicing clinician involved in program implementation
9	Suburban FQHC with multiple clinical delivery sites in the West	Primary and specialty care delivery sites	1	Program Management	
10	Urban FQHC with multiple	Primary and specialty care delivery sites	1	Program Management	

	locations in the West				
11	Accountable care organization in the Northeast	Hospitals, primary care and specialty delivery sites	1	Executive Leadership	
12	Large health system in the Northeast that also manages its own health plan	Hospitals, primary care and specialty delivery sites; health plan	2	Executive Leadership, Case Management Staff	First interview discussed program goals across the system. Secondary interview provided details on the case management process
13	Small rural practice in the Northeast	Single primary care delivery site	1	Program Management (2), Practicing Clinician	
14	Large suburban FQHC in the South	Primary care delivery sites	1	Executive Leadership, Program Management, Case Management Staff	
15	FQHC suburban in the West	Primary and specialty care delivery sites	1	Program Management	
16	Urban practice in the West (less than 10 providers)	Single primary care delivery site	1	Case Management Staff	
17	Rural community health center in the Midwest (20 to 40 providers)	Primary care delivery sites	1	Case Management Staff	
18	Rural community health center in the West	Primary care delivery sites	1	Program Management	
19	Health system in the Midwest	Hospitals, primary care and specialty delivery sites	1	Program Management (2)	
20	Urban system in the Northeast	Hospitals, primary care and specialty delivery sites	1	Executive Leadership, Program Management	
21	Suburban community	Primary care delivery sites	2	Executive Leadership,	First interviewee suggested that

	health center in the West			Program Management	second interviewee would be able to explain details to implementation of the programming within clinics
22	Health system in the Northeast	Hospitals, primary care and specialty delivery sites	1	Executive Leadership	
23	Health system in the Northeast	Hospitals, primary care and specialty delivery sites	2	Program Management	First interviewee provided an overview of broad strategic goals, secondary interviewee explained the details of program design and implementation
24	Health system in the Midwest	Hospitals, primary care and specialty delivery sites	1	Executive Leadership, Program Management (2)	
25	Health system in the South	Hospitals, primary care and specialty delivery sites	1	Program Management	
26	Urban community health center in the South	Primary care delivery sites	1	Executive Leadership	
27	Urban FQHC in the Midwest (20 to 50 providers)	Single primary care delivery	1	Executive Leadership	
28	Rural independent practice in the Northeast (less than 10 providers)	Single primary care delivery site	1	Practicing clinician	

1: Number in parentheses indicates the number of individuals within each category

2: Categories are defined in Appendix Table 1

3: Interviewee was both a practicing clinician as well as involved in program management

Supplemental Table 3: Interview Guide Domains

Domain	Sub-domains
Organizational Characteristics	<ul style="list-style-type: none"> • Organization size and structure • Interviewee role • Motivations for social needs work • Populations served • Participation in delivery reforms
Screening	<ul style="list-style-type: none"> • Which patients screened • Needs screened for • Screening workflows, methods, tools used • Staff involved with screening • Follow-up processes • Access to screening results • Frequency of screening • Reason for starting screening • Development of screening program • Engagement with clinicians • Buy-in from staff • Plans for scaling, changing screening program • Common needs patients have
Referrals	<ul style="list-style-type: none"> • Workflow • Staff involved • Tailoring to patients • Variation between locations, patients • Referral lists, referral platforms <ul style="list-style-type: none"> ○ Development ○ Maintenance ○ Staff involved ○ Tracking use of referrals • Role of clinicians • Buy-in from clinicians and patients • Follow-up processes • Closed loop referrals • Common challenges with referrals
Assistance	<ul style="list-style-type: none"> • Workflow • Types of assistance offered • Staff involved • Staff training • Variation between patients • Engagement with community organizations • Communication with <ul style="list-style-type: none"> ○ Patients ○ Clinicians ○ Other staff • Centralized vs. decentralized programs • Tracking of patients/data collection • Common challenges • Reason for starting assistance work • Program development • Changes made to program

<p>Need specific programming (e.g., food, housing, transportation)</p>	<ul style="list-style-type: none"> • Internal programs • External programs • Funding • Services • Types of patients • Development processes
<p>Interactions with community-based organizations (CBOs)</p>	<ul style="list-style-type: none"> • Types of partners • Role of: <ul style="list-style-type: none"> ○ Health care organization ○ CBO • History of partnerships • Involvement of CBO in program development • Formalized or ad-hoc • Contractual relationships • Types of patients served • Data/records sharing
<p>Overview/Reflection</p>	<ul style="list-style-type: none"> • Challenges faced • Challenges solved • Overlap with care management • Organizational buy-in • Advice for other organizations • Organizational goals • Needed support (financial, resources, policy)