Update on MA SIM e-Referral Program

• Overview

• Alignment with Prevention & Wellness Trust Fund

• e-Referral Update & Targets

• Lessons Learned

• Future plans
Overview

**e-Referral aims to formalize community-clinical linkages**
- e-Referral software is an open-source, bi-directional referral system
- e-Referral is more than an IT project, it relies on forming strong partnerships between clinical and community-based organizations

**Patients are linked by their health care providers to community-based resources for disease prevention & management services**
- Clinical organizations send referrals directly from their electronic health records
- Community organizations use the e-Referral Gateway, an online referral management tool, to act on referrals and send feedback reports

**e-Referral “closes the loop” on referrals**
- Provides additional opportunities for intervention
- Enables an evaluation of the population health impact of these programs
Example of bi-directional referral

**Clinical Setting**

**Manet CHC**
Health care provider screens Barbara for falls and finds her to be at-risk. Barbara gives consent for an SS Elder Services to do a home falls assessment.

**Outbound Transaction**
Transmission from EHR
(through the HIway or directly to e-Referral software)

**e-Referrals from Provider to South Shore Elder Services**
Contact Information: Address, Phone
Referral-specific information:
1. At risk for falls
2. Guardian information

**Community Resource**

**SS Elder Services**
Barbara is contacted by SS Elder Services and sets up a home assessment. Trained staff completes a home assessment and any necessary modifications.

**Inbound Transaction**
Transmission to EHR
(through the HIway or directly to e-Referral software)

**Clinical Setting**

**Manet CHC**
Feedback report from SS Elder Services added to EHR. At next appointment, health care provider sees the update and works with Barbara to identify additional risk reduction referrals.

**Community Resource**

**SS Elder Services**
SS Elder Services completes the home assessment and prepares a feedback report for provider.

**Progress report from community resources to provider (Standardized HL7 Formatted Transaction)**
Feedback report including action steps to taken in the home, request for additional referrals sent back to provider.
Prevention & Wellness Trust Fund (PWTF)

The Trust supports community-based partnerships that implement evidence-based interventions to:

• reduce rates of the most prevalent and preventable health conditions;
• increase healthy behaviors;
• increase the adoption of workplace-based wellness or health management programs; and
• address health disparities.

e-Referral is a key piece of the PWTF strategy

• all 9 partnerships must establish at least one bi-directional electronic referral
• most partnerships have expressed an interest in creating many more linkages than required
• SIM is supporting additional funding so that the e-Referral team can onboard more sites as quickly as possible
Current e-Referral sites

**Live Sites**

- Manet CHC athenahealth*
- Harbor Health Inc. NextGen*
- Brockton NHC NextGen*
- Lynn CHC eRG**

**Onboarding**

- Holyoke Medical Center eCW*
- Duffy Health Center Intergy*
- Family Health Center NextGen*
- Holyoke Health Center NextGen*
- New Bedford CHC eCW*
- Additional PWTF & SIM sites

* Message Transmitted through state HIE (HIway) or SFTP to e-Referral software

- Referral Data Items
- Feedback Data

**Tobacco Quitline**

- Quitline database** (in progress)
- YMCA eRG**
- Elder Services eRG**
- Visiting Nursing Associations eRG**
- Additional Resources

* e-Referral is connected to the electronic health records for majority of clinical sites.
** Our community-based organizations primarily use our e-Referral Gateway to manage referrals. The exception to this will be the Tobacco Quitline which will directly connect to the e-Referral system.
e-Referral timeline & implementation targets

**JAN 2014**
- Referrals made using e-Referral software
- Integration with state HIE
- Awarded 3 CHCs contracts for e-Referral pilot

**2015**
- Increase referral volume through addition of sites
- Develop e-Referral toolkit

**2016**
- Onboard last SIM sites
- Evaluation examining impact of e-Referral on health outcomes

### e-Referral Accomplishments & Future Targets

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<th>2014</th>
<th>2015</th>
<th>2016</th>
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<tr>
<td>Original e-Referral implementation targets</td>
<td>3 pilot CHCs</td>
<td>3 additional CHCs</td>
<td>Total of 9 SIM funded CHCs</td>
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<tr>
<td># of PWTF clinical sites onboarded*</td>
<td>4</td>
<td>8</td>
<td>8+</td>
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<td>Referral volume</td>
<td>108 (goal: 50)</td>
<td>500</td>
<td>1000</td>
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<tr>
<td># of unique EHRs (total)</td>
<td>2</td>
<td>4</td>
<td>6</td>
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*PWTF clinical sites and SIM pilot sites are not exclusive; one healthcare organization may have multiple PWTF sites*
(Early) Lessons Learned

IT is only a very small component of e-Referral implementation
- Overall workflow and developing business rules
  CHC → CBO, CBO→CHC
- Promotion and workflow within clinical setting
- Workflow in community-based organizations, ensuring capacity

Ensure organizational buy-in as early as possible, make sure the right stakeholders are at the table

Start small (expand later!)
- Focus on linking to one community-based organization and one referral
  - Many of our sites are in the process of adding more community-based organizations & referral types
Future Plans

**e-Referral expansion**
- Additional SIM & PWTF sites
- Alignment with CDC chronic disease grants
  - Emphasis on linking to diabetes prevention programs

**e-Referral evaluation**
- Process evaluation for onboarding, feedback on e-Referral system
- Outcomes evaluation looking at services received & related health indicators in medical record

**e-Referral material development**
- Onboarding materials for sites
- Packaging software for implementation in other states

**Sustainability planning**
- Identifying resources needed for ongoing maintenance