



EOHHS

# Update on MA SIM e-Referral Program

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- **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**

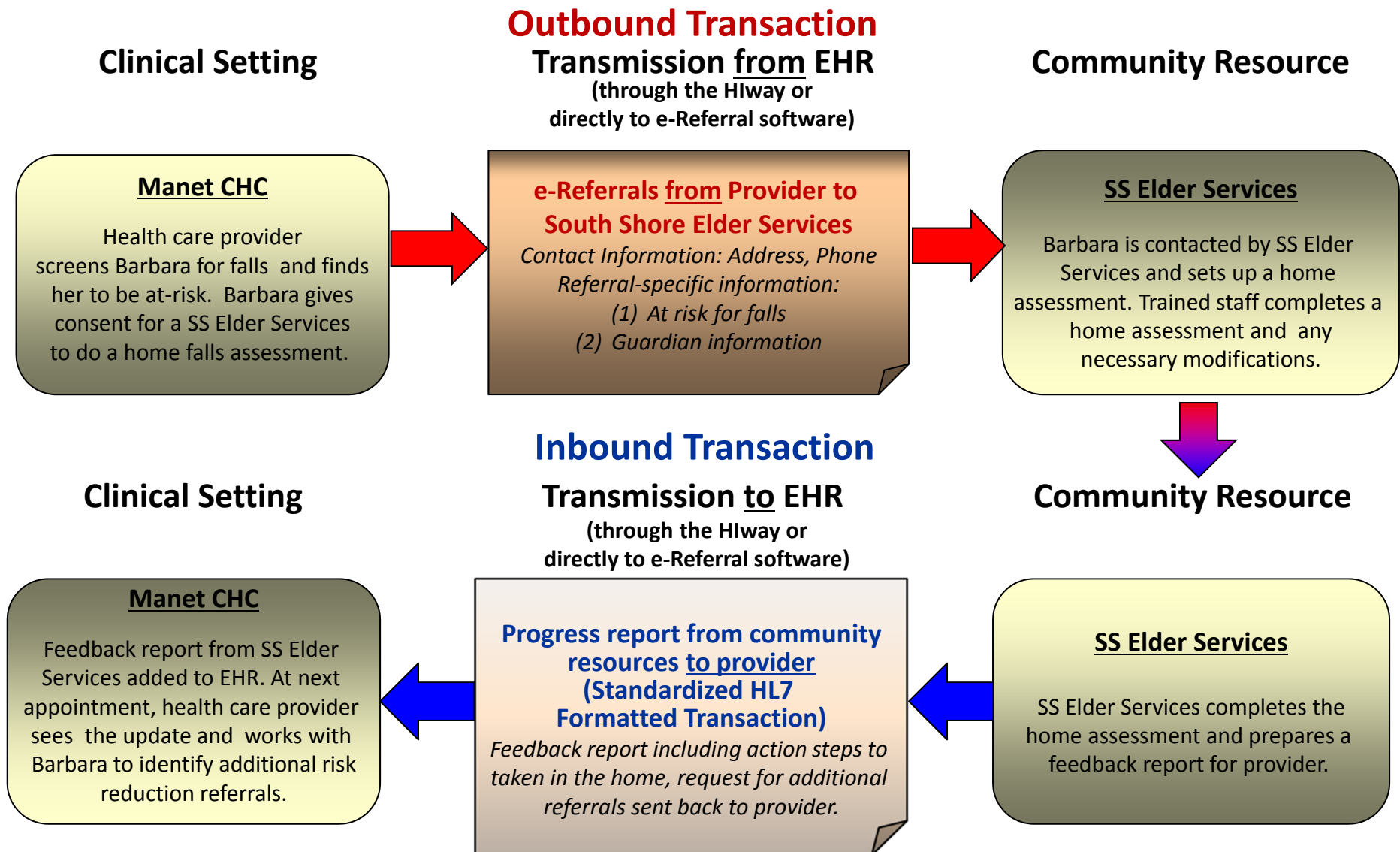
- Clinical organizations send referrals directly from their electronic health records
- Community organizations use the e-Referral Gateway, an online referral management tool, to act on referrals and send feedback reports

## **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





# Alignment with PWTF



## 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**

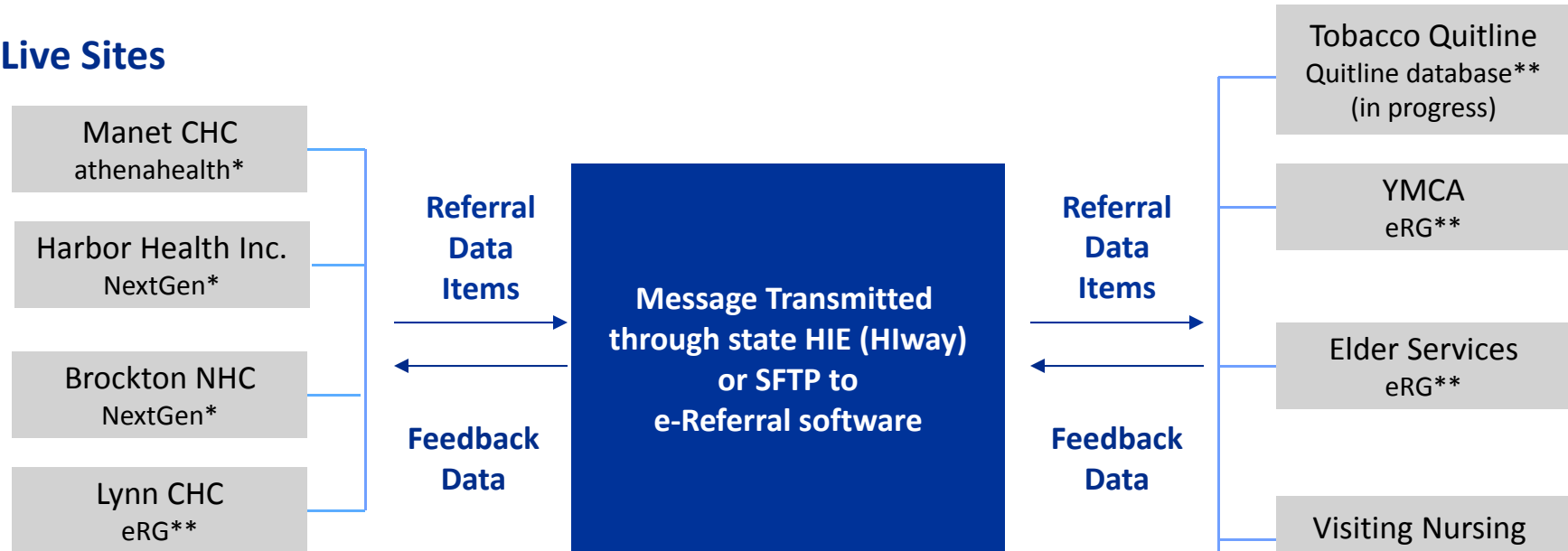
- all 9 partnerships must establish at least one bi-directional electronic referral
- most partnerships have expressed an interest in creating many more linkages than required
- SIM is supporting additional funding so that the e-Referral team can onboard more sites as quickly as possible



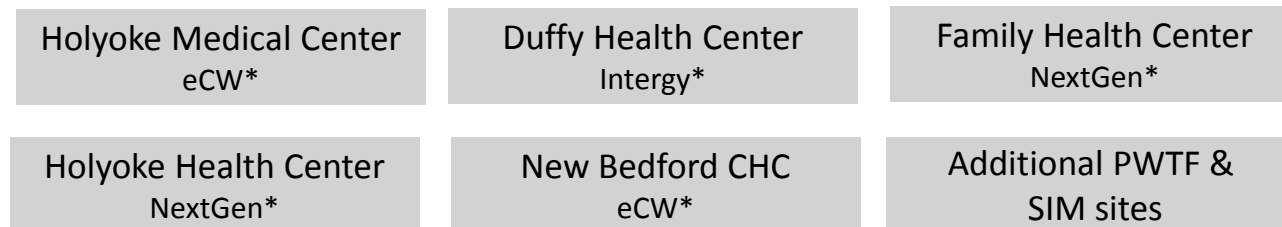
# Current e-Referral sites



## Live Sites



## Onboarding



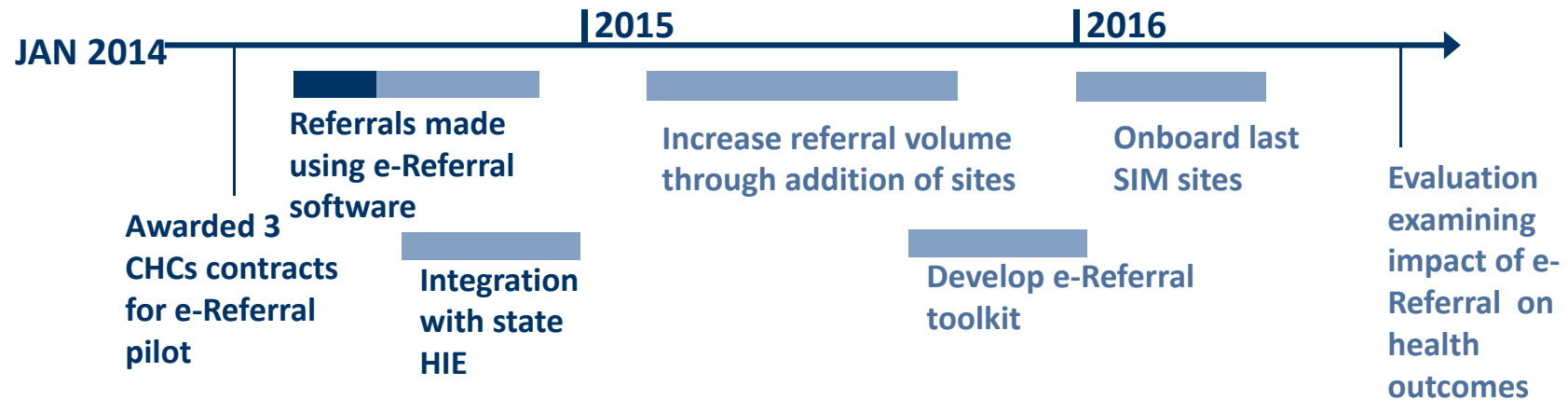
\* e-Referral is connected to the electronic health records for majority of clinical sites.

\*\* 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



e-Referral Accomplishments & Future Targets	2014	2015	2016
<b>Original e-Referral implementation targets</b>	3 pilot CHCs	3 additional CHCs	Total of 9 SIM funded CHCs
<b># of PWTF clinical sites onboarded*</b>	4	8	8+
<b>Referral volume</b>	108 (goal: 50)	500	1000
<b># of unique EHRs (total)</b>	2	4	6

\*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