

# Formalizing Community-Clinical Relationships: e-Referral Program

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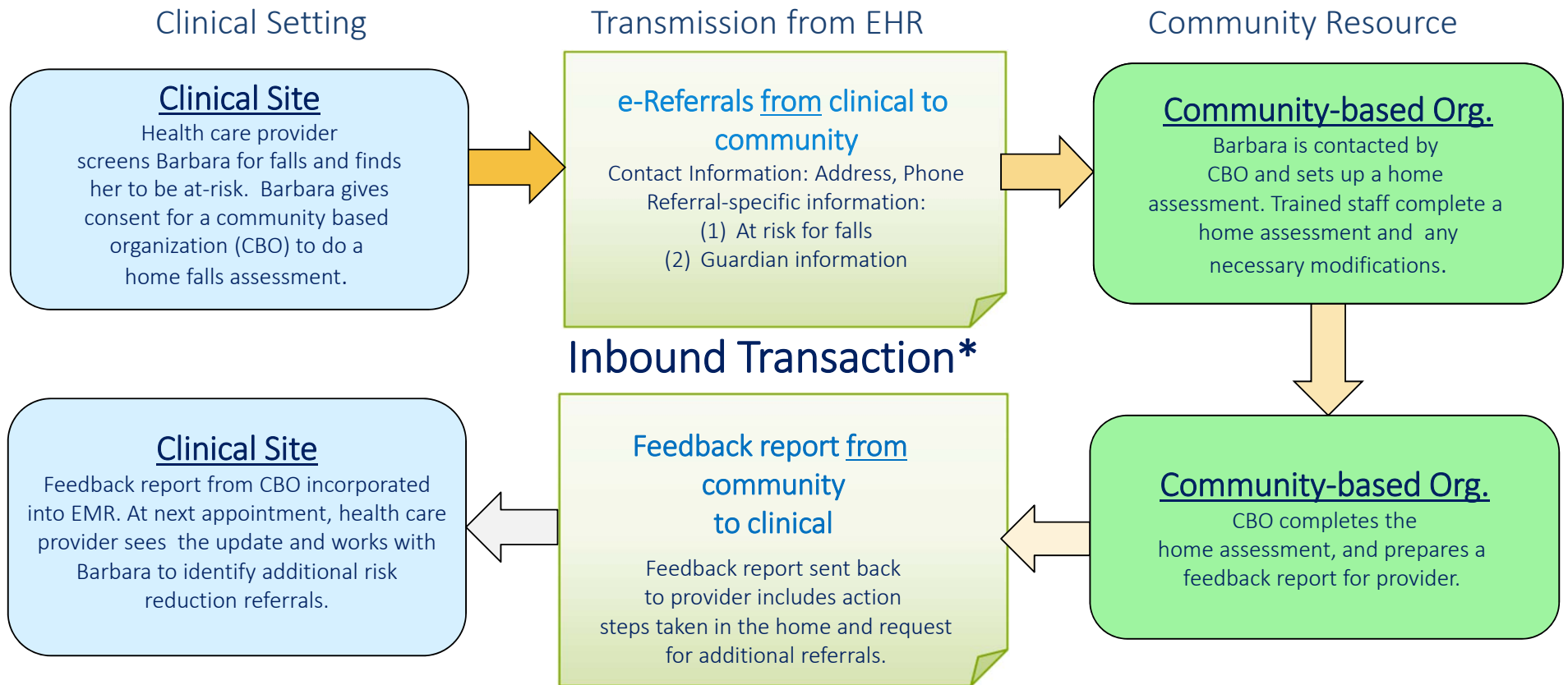
# e-Referral Overview

In early 2013, Massachusetts was awarded the State Innovation Model Testing Award.

- As part of delivery system transformation efforts, part of this award went to DPH to create an open-source, bi-directional referral system
  - Clinical sites send referrals from their electronic health record to community-based organizations and then receive feedback reports on what happened in the community
- We aligned with the aims of the Prevention & Wellness Trust Fund and made it a requirement that each partnership have at least one e-Referral connection
- The original SIM grant submission proposed to pilot this in 3 clinical sites a year over 3 years
  - there are now **9 clinical sites** that are enabled to send referrals to **11 community-based organizations** from their electronic health records
  - **5 clinical sites** are being onboarded (expected to go live in June 2016)

# What is it?

## Outbound Transaction\*



\*Transactions are through the state health information exchange (MassHIway)  
EHR: electronic health record

# e-Referral in Delivery System Transformation

The e-Referral program allows care to be extended into and tracked in the community

## *Create*

e-Referral requires a bi-directional electronic as well as organizational conversation to initiate community-clinical linkages

## *Align*

e-Referral implementation aligns with meaningful use, patient-centered medical home, and system redesign

## *Evaluate*

Health systems can evaluate the impact of these community programs on population health by linking services to health outcomes

## *Sustain*

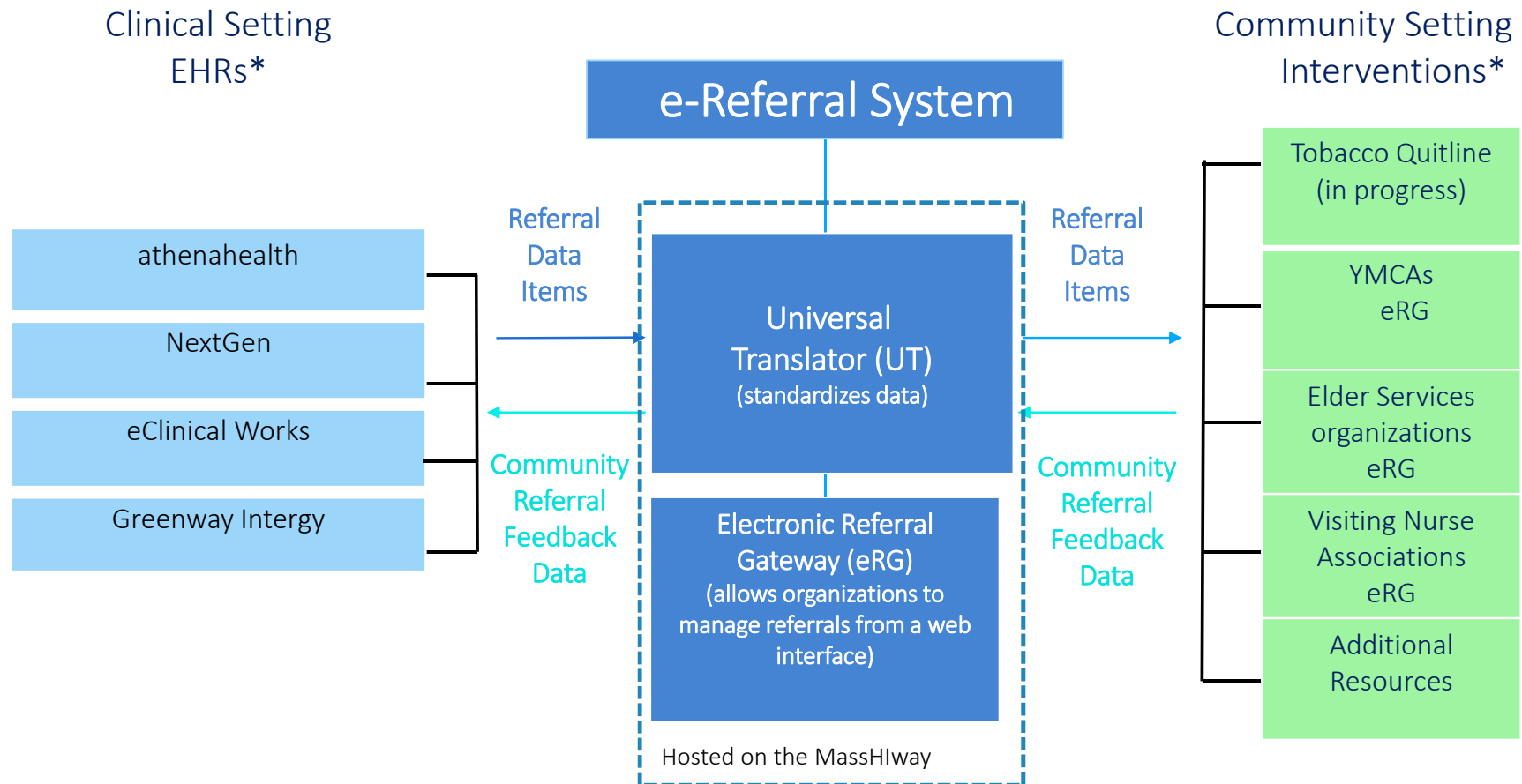
Once installed, the e-Referral system can be modified to add additional types of community resources

Community-based organizations can make the case for clinically meaningful and cost-effective programming



# How does it work?

A Flexible Health Information Exchange  
For “Clinic to Community” e-Referrals



\*The e-Referral program has integrated solutions for these electronic health records (EHRs).

\*\* Our community-based organizations primarily use our e-Referral Gateway to manage referrals.

# Current Referral Types

- Diabetes
  - YMCA Diabetes Prevention Program (YDPP)
  - Diabetes Education
- Falls
  - Falls Risk Assessment,
  - Matter of Balance (MOB)
  - Home Modification
  - Tai Chi
- Pediatric Asthma
  - Pediatric Asthma Action plans to schools
  - Home-based interventions for asthma control
- Hypertension
  - Chronic disease self-management (CDSMP)
  - Self Monitored Blood Pressure with assistance (SMBP)
  - Hypertension management (YDPP, CDSMP)
- Nutrition Counseling and/or Fitness Counseling
- Meals on Wheels

# Referral Types in Development

## In Progress

- Tobacco Quitline
- Connection to Health Leads for several social support services

## Exploring Future Referral Types

- Social determinants of health
  - Referrals to address homelessness, violence, substance abuse

# e-Referral Activity

As of February 24<sup>th</sup>, there are now:

- 9 clinical organizations linked to e-Referral through their electronic health record
  - 5 additional clinical organizations using the e-Referral Gateway
- 11 community-based organizations
- 15 referral types
- 1322 referrals
- 1736 feedback reports
- Supporting several different efforts at the Department: CMMI SIM e-Referral pilot sites, PWTF sites, CDC-funded chronic disease programs



# e-Referral Gateway Demonstration

<https://ereferral-test.masshiway.net/login>

# (Early) Lessons Learned

- e-Referral is not just a health IT project – it's a partnership project
- Standardization is needed for scaling
  - No current standards around community-based referrals
- Need to conduct evaluation of e-Referral implementations to date
  - Variability in EHRs ability to accept data back into the record
  - Are there referral types that don't work?
  - Are there additional referral types that we should pursue?
  - Are patients engaging with these programs after referrals?

# What could e-Referral be used for?

- Non-urgent referrals
  - e-Referrals often sent in batch files and not in real time
  - If required fields are not filled out, referral will automatically bounce back to health care provider
- Capturing community-based services
  - Potential to monitor patient activity through multiple feedback reports or one feedback report from community organization
- Working with a “hub” that provides coordinated care services
  - e-Referral currently involves a dyad-relationship between 1 clinical organization and 1 community organization