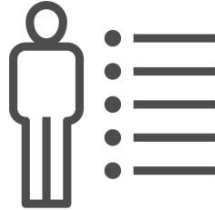


What is Community e-Connect?

A system that enables bi-directional electronic communication between clinical Electronic Medical Records (EMRs) and community-based organizations (CBOs)

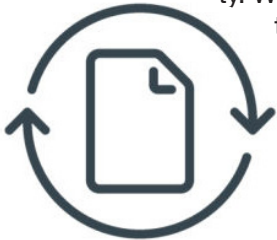
How does it work?

Clinical providers refer patients for evidence-based services offered by CBOs (e.g., YMCA, Senior Centers, etc.) which meet patients' clinical needs. CBOs document client enrollment, attendance, and program status, sending this information back to clinical organizations at agreed-upon intervals, enhancing the care continuum. State Health Departments (SHDs) and/or Quality Improvement Organizations (QIO/QIN) identify and convene involved parties, building their working relationship and supporting their implementation of Community e-Connect. They also review data and outcomes to develop the evidence and disseminate those results.



How is data shared?

Typically, information starts from an EMR that has been customized to include an option allowing it to send a referral to a community entity. When a provider hits send, the information goes to the Universal Translator (UT), which translates the EMR data into a form that can be received by the electronic Referral Gateway (eRG), a web-based program that allows organizations without an EMR to receive the information. The CBO will then log into the eRG to receive the referral and at specified times, send updates to clinicians in the form of a feedback report. The feedback data goes through the same process but in reverse – from eRG to UT and then to EMR to be embedded in a patients' medical record.



Does this work?

The Community e-Connect program uses software derived from tools developed from a CMS State Innovation Model (SIM) grant awarded to Massachusetts. In Massachusetts, nearly 5,000 referrals were made and over 8,000 feedback reports received in the three years of the program; analysis of hypertension referrals showed significant increases in percentage of patients with controlled BP and reduced SBP.

How do I get started?

The project has three phases, and usually takes about a year to implement. It involves defining interventions, establishing workflows and data elements, conducting an IT assessment, training staff and monitoring production after going live. Read more at chronicdisease.org/page/CommunityeConnect.



For more information, contact Susan Svencer,
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How does it help?

Community e-Connect allows CBOs to get a good picture of clients' needs, and helps clinical providers understand patients' progress outside their practice or clinic walls. It expands clinical care by creating collaboration with community partners that provide evidence-based programs to improve individual patient health as well as population health overall.

What are the benefits?

For Clinical organizations:

- Decreases clinician burden by expanding the care continuum
- Enhances individual health outcomes, as well as population health
- Evaluates health outcomes / effectiveness of referrals to each intervention

For Community-based organizations:

- Increases client load / facility traffic
- Improves enrollment and retention rates due to provider referral / recommendation
- Solidifies collaboration with clinical entities in the area

For State Health Departments:

- Provides partners with an innovative opportunity
- Addresses CDC's referral-related strategies in 1815 and 1817
- Evaluates the outcomes / results of partners and interventions you support

For EMR Vendors:

- Supports structured, bidirectional data exchange with external organizations
- Differentiates product offerings with an innovative approach to CBO referrals
- Demonstrates ability to send electronic referrals at point of care and acceptance of feedback reports, embedding data within the EMR



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