Community e-Connect Overview

What is Community e-Connect? It is a bi-directional linkage between clinical Electronic Medical Records (EMRs) and community-based organizations (CBOs). It is a system that enables electronic communication between clinical groups and CBOs, enabling data can flow in both directions. This allows CBOs to get a good picture of clients' needs, and clinical providers to understand patients' progress outside their practice or clinic walls.

Why do it? To improve the health of patients with chronic diseases such as diabetes, pre-diabetes, cardiovascular disease and hypertension through evidence-based support beyond primary care. It expands clinical care and creates a collaboration with community partners who can provide evidence-based programs to improve individual patient health as well as population health overall.

Who does what? 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) 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 modified or 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 essentially translates the EMR data into a form that can be received by the electronic Referral Gateway (eRG). The e-Referral Gateway is 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.

What is the process for getting started? The IT-related processes of Community e-Connect are handled by technical staff. However, it is the non-technical steps that require the most time and upfront partner agreement. The **initial phase** (~ 3 months) requires partners working together to define interventions, complete legal referral agreements, determine key contacts, establish workflows and data elements, as well as conduct an initial IT assessment. The **next phase** (3-6 months) involves stakeholders confirming the eRG integrated workflows, data elements, implementation schedule and training CBO staff. The **final phase** (7-12 months from the beginning of the initial phase) consists of going live and monitoring production, quality control and conducting on-going evaluations. NACDD anticipates progress from the initial to final phase from October 2018 through June 2019, in alignment with the first year of the new grant.

Has this been tried before? The Community e-Connect program will utilize tools developed with funding from a CMS State Innovation Model (SIM) grant previously awarded to Massachusetts. In Massachusetts, more than 50 community / clinical linkages were established with over a dozen referral types; nearly 5,000 referrals were made and over 8,000 feedback reports received in the 3 years of the program; and analysis of HTN referrals showed significant increases in % of patients with controlled BP and reduced SBP.