Bi-Directional Referral Process

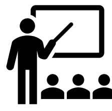
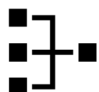
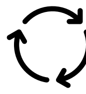
Introduction

A bi-directional referral system considers both the information going from the health care system to the referred community program or resource (e.g., a CDC recognized lifestyle change program or a diabetes self-management education program) and the information returning from that program to the health care system. Ideally, the bi-directional referral system will be integrated with an electronic health record (EHR) system and will facilitate electronic bi-directional feedback between the community program and the health care system (e-referral system.) An e-referral system can provide baseline reports on the number of referrals, number of services received, and number of pounds lost and when integrated with the EHR, health systems can evaluate the impact of these community programs on population health. With this information community-based organizations can make the case for clinically meaningful and cost-effective programming.

Community HUB Goals

1. Implement systems and increase partnerships to facilitate bi-directional referral between community resources and health systems.
2. To connect patients to evidence-based health promotion programs that prevent or manage chronic disease and/or to programs that address social determinants of health.
3. To create a closed-loop system that allows CBOs to securely share a patient's program outcomes with the referring health care provider. The provider can then integrate this information into the patient's clinical care to help reinforce behavior change and clinical outcomes.

Four Strategies

	1. **Provider Education –** Education or training for health care staff on how to refer patients to the HUB. This can include activities related to getting support for the bi-directional referral workflow, education on the programs offered, and information about the referral process.
	2. **Process Implementation –** Prioritizing patient identification of risk - are we identifying patients at point of care or EHR query or both? Developing or adopting workflows that align with maximizing patient connection to healthy resources and support.
	3. **System Changes –** This may include setting up referral orders within EHR or embedding new referral mechanisms.

4. **Patient Engagement –** Strategies designed to enhance patient enrollment and completion of a program.

Bidirectional Referral Options

The Community HUB (HUB) technology platform for referral and program management is Workshop Wizard (WW). WW provides the ability to track participant data in evidence-based programs, manage referrals with a HIPAA compliant solution, and report out data required for management of evidence-based programs. WW is designed to manage state-wide health initiatives including multiple evidence-based health programs delivered in an expanding array of options and an unlimited number of partnering organizations.

The HUB can receive referrals in multiple modes to accommodate referral sources' workflows and technology capabilities. Bi-directional referral systems work best when programs and providers use systems that can communicate with each other and workflows are standardized, short and easy to follow.

1. Basic Level Referral – Send referrals through fax, SHARP partner, or website.
2. Electronic Referral Order – Embed a referral order within EHR.
3. Electronic Referral Integration – Work with EHR team and WW to receive and send bi-directional referrals in the form required of the EHR.
4. Create automated patient registries in the EHR system to identify eligible patients who are then flagged for referral; shared with HUB to follow-up with patients on the list.

Data Sharing Agreement

Health care system sets up business associate agreement with HUB to outline bi-directional referral process in accordance with local data and privacy policies.