

EPIC and 211 Integration for Direct Closed Loop Referral Pathway

Presented to:

Vermont House Committee on Health Care

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United Ways of Vermont



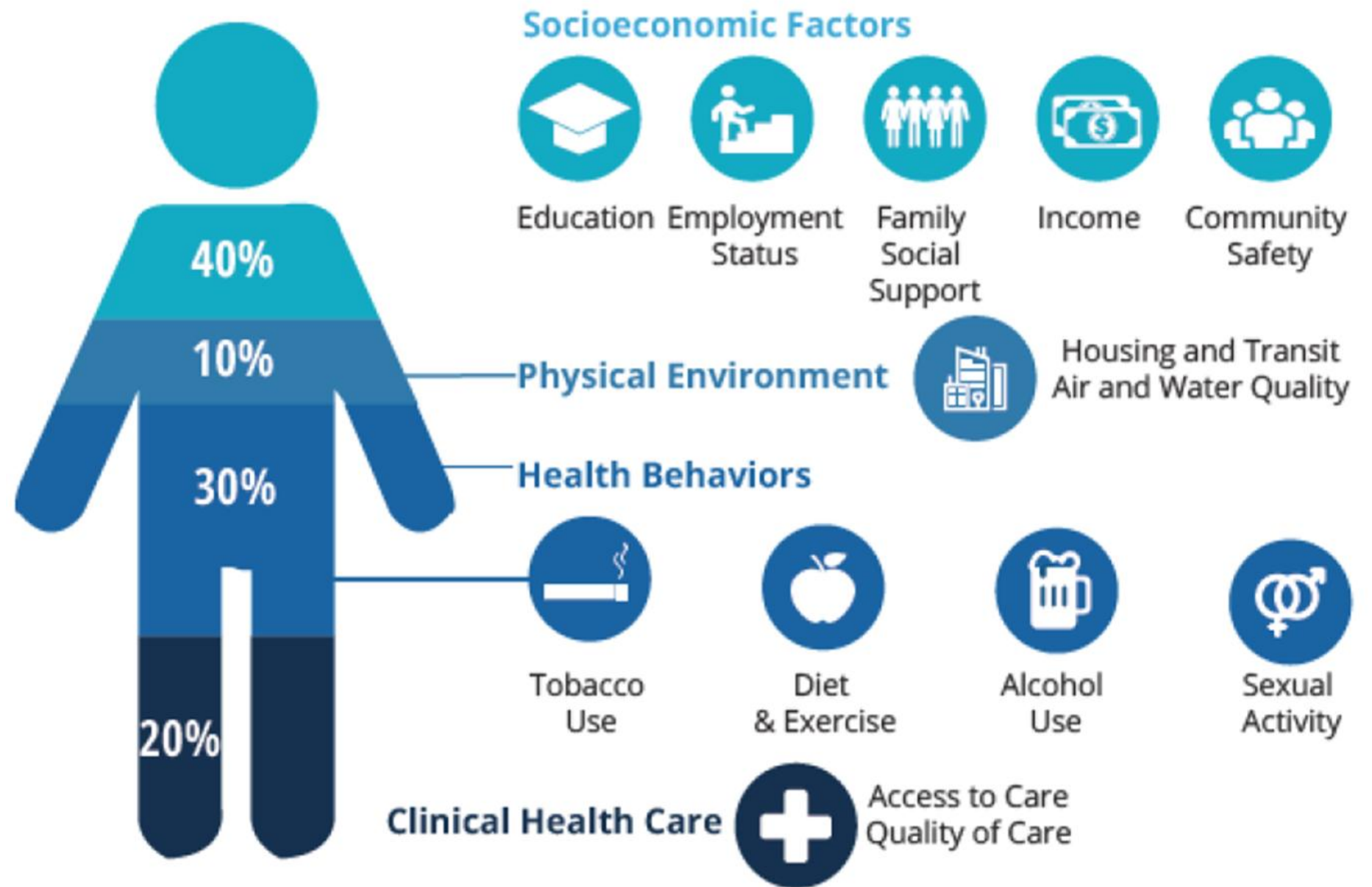
University of Vermont Health

VT 211 is Critical State Infrastructure



- Front door to VT's health & human services system
- Responding to more than 60,000 contacts per year; demand rising
- Sustainable, level funding allows VT 211 to be responsive to community needs
 - Innovating to support community health needs
- Proposed budget cut of \$332,000 threatens core services
- Requesting level funding of \$1.64M, consistent with FY 26, *not an increase*

Social Drivers of Health

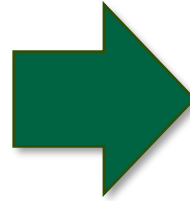


Hood, CM, Gennuso, KP, Swain, GR, & Catlin, BB. (2015). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine*.

The Need for Change

Current System

- ▶ Inequitable
- ▶ Fragmented
- ▶ Confusing and burdensome
- ▶ Lacking follow up
- ▶ Frustrating



Our Vision

- ▶ Universal access
- ▶ Integrated
- ▶ Efficient
- ▶ Connected IT systems
- ▶ Improved Health

Return on Investment

- ▶ **Connect** patients to community resources
- ▶ Increase **collaboration** between healthcare and community partners
- ▶ Address **upstream drivers** of health inequity
- ▶ Build **trust** between patients and healthcare organizations
- ▶ Utilize **data driven** approach to understanding community needs
- ▶ Promote care team **wellness**
- ▶ Decrease healthcare **cost**



What's Possible

- ▶ Better care for our patients
- ▶ Utilizes expertise of 211
- ▶ Allows for a holistic approach
- ▶ Provider peace of mind
- ▶ Effective data collection to drive quality improvement and ongoing systems change

CLOSED LOOP REFERRAL

