

# Bridging Clinical Care and Community Services

WellCheck provides the coordination infrastructure that connects clinical encounters to community-based support — and proves outcomes to funders.

## ROLE: COORDINATION LAYER FOR FQHCs & HOSPITALS

Connecting clinical encounters to community support

Built on the **EquiLoop™** platform

EHR-adjacent referral tracking + quality outcome reporting

# 11,129

Individuals Screened \*Single client deployment

# 92.3%

Referral Completion Rate \*Single client deployment

# 22,274

Services Delivered \*Single client deployment

[wellcheck.us/fqhc-hospitals](https://wellcheck.us/fqhc-hospitals)

## THE CHALLENGE

### The gap between clinical care and community outcomes



#### Referrals disappear

No system to track if patients connect with community services after leaving the visit.



#### Quality reporting gaps

UDS, HEDIS, and CMS quality measures expect SDoH referral outcomes. Most organizations can screen but can't prove follow-through.



#### EHR blind spots

EHRs document the clinical encounter. Community referral outcomes live entirely outside that system.



#### No follow-up loop

Care teams manage dozens of patients. Manual tracking adds burden instead of reducing it.

## HOW WELLCHECK HELPS

### The coordination layer between your EHR and the community



#### Closed-Loop Referrals

Route referrals to CBOs and community partners. Every referral has a documented outcome.



#### Patient Follow-Up

Automated SMS/email follow-up in the patient's language. Escalation triggers for aging referrals.



#### Outcomes + Quality Reporting

Completion rates, time-to-service, equity analytics. Exportable data for UDS, HEDIS, and readmission reporting.



#### HIPAA-Compliant + BAA-Ready

256-bit AES encryption, SOC 2 Type II hosting, role-based access, and full audit logging.