

Your EHR records what happened in the clinic. EquiLoop records what happened next.

EquiLoop™ works alongside the electronic health record you already run. It sits above the record system rather than inside it, and it covers the community work that was never in the clinical record to begin with.

TWO SYSTEMS, TWO JOBS

Keep your EHR for the chart.

An EHR is built around the clinical encounter. Much of what determines whether care is completed happens after the visit and outside the clinic, across programs and partners that never chart in the EHR. That is the work EquiLoop is built for.

	Your EHR	EquiLoop
Primary job	Clinical documentation, orders, prescribing, billing, and clinical quality reporting	Intake, screening, routing, and documented follow-up across programs and partner organizations
Who works in it	Providers, clinical staff, front desk, and billing	Care coordinators, community health workers, navigators, program staff, and partner organizations
Who it covers	Patients of the clinic	Community members, whether or not they are patients of the clinic
Typical records	Encounters, diagnoses, medications, labs, and claims	Service requests, screenings, referrals, partner actions, and outcomes
Where the work ends	When the clinical encounter and its orders are complete	When the receiving program or partner documents that the service was delivered
Reporting focus	Clinical quality and billing measures	Program, grant, and funder reporting across clinical and non-clinical services

WHAT EQUILOOP ADDS

Service directory One searchable directory of programs and services, clinical and non-clinical, so community members and staff see the same source of truth.	Service requests Community members request services directly, and staff submit on their behalf, from any phone or computer browser with no app to download.	Screening and intake SDoH, SBIRT, PHQ-2, PHQ-9, eligibility, intake and consent, and custom screeners, completed in person or sent by text or email.
Routing across programs Requests route to the right department, program, or partner organization, with visibility for staff.	Referral tracking Every referral, clinical or social, tracked from intake and consent through follow-up and escalation to a documented outcome.	Reporting Disaggregated outcome data across clinical and non-clinical services, exportable for program, grant, and funder reporting.

HOW IT CONNECTS

Built to integrate with the record system you already run.

Integration scope is defined at deployment, together with your IT team. EquiLoop is FHIR-ready. Scoping settles the following before any data moves between systems:

- Which data elements are exchanged, and which stay in one system only
- The direction of each exchange
- Frequency and method
- Who in your organization authorizes each data flow
- How behavioral health and substance use records are segmented

DATA CONTROL AND SECURITY

- **HIPAA-compliant**, with a SOC 2 compliance framework in place.
- **42 CFR Part 2 segmentation** for behavioral health and substance use records.
- **U.S. data residency**.

WHAT STAYS THE SAME

Your EHR stays the system of record.

- Clinical care and billing stay documented in your EHR.
- Community members and staff use EquiLoop in a web browser, with no app to download.
- Getting started takes less than two weeks.

Already have an EHR? That is the expected starting point. EquiLoop covers the community side of care that sits outside it.

- **Export at any time.** All data and records are available in standard formats.
- **Deletion on request.**

IN PRODUCTION

EquiLoop™ in deployment

93.9%

CLOSED-LOOP
COMPLETION RATE

22,682

INDIVIDUALS SCREENED

45,458

SERVICES DELIVERED

32

PARTNER
ORGANIZATIONS
ENGAGED

Rural health hub deployment with a multi-partner ecosystem. Includes both clinical and social services referrals.

See EquiLoop alongside your EHR.

A 30-minute walkthrough of how intake, referrals, and follow-up run next to the record system you already have.

Book a 30-Minute Walkthrough

calendly.com/wellcheck/demo-discuss