Closing the Referral Loop Tool Kit: Improving Ambulatory Referral Management

A joint initiative of PCPI and The Wright Center for Graduate Medical Education

July 25, 2017

Agenda

- Introductions
- Environment and background
- Purpose and goals
- What we did
- What we learned and how can you apply it
- Takeaways and what's next?
- Q&A/Discussion

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Today's Speakers

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- **Tiffany Elkins**, EMR Manager, The Wright Center

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Funding Statement

- Pilot study funded by PCPI through a payment to The Wright Center for Graduate Medical Education
- The Wright Center provided funding for the improvement advisor
- Both organizations provided staff expertise and management
- Dyad sites were not reimbursed

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Loops

Closed – Thrilling!

Open – Not so much…

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Environment

- **>105 million referrals** of Medicare beneficiaries are made between PCPs and specialists in the U.S. every year
- **1/3 of MDs** had trouble receiving referral info in a timely manner
- **68% of specialists** received no info from the PCP prior to referral visits
- **25% of PCPs** had not received information from specialists weeks after visit
- Referrals become a more important focus to control spending and keep referrals within organizations in ACOs

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Background

- Focus group of national improvement experts that identified ambulatory referral as a key area for improvement
- Panel of national experts from organizations that improved the referral process in 4 key areas:
  - Accountability
  - Relationships/agreements between PCPs and specialists
  - EHR connectivity
  - Patient engagement

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Key Questions

1. Did the referring physicians get their referral questions answered?
2. Did the specialists get the information they needed to complete the referral as requested?
3. Did the patient feel that the care was coordinated and that they got what they needed?

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Pilot Study

PCPI partnered with The Wright Center for Graduate Medical Education to complete four goals:

- Identify key interventions
- Develop the change package
- Complete a pilot project
- Disseminate findings and scale and spread lessons

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Overall Goals

- Improve process for physician-to-physician referrals in the ambulatory setting
- Establish accountability
- Improve information transfer
- Achieve higher satisfaction and understanding of the referral process among patients and physicians

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What’s Covered in the Tool Kit?

- Referral Process Flow Maps
- Measures
- Sample Implementation Time Line and Project Plan
- Lessons Learned
- Sample Care Compact
- Key Change Ideas
- Health Information Technology Improvements
- Readiness Assessment and Satisfaction Surveys

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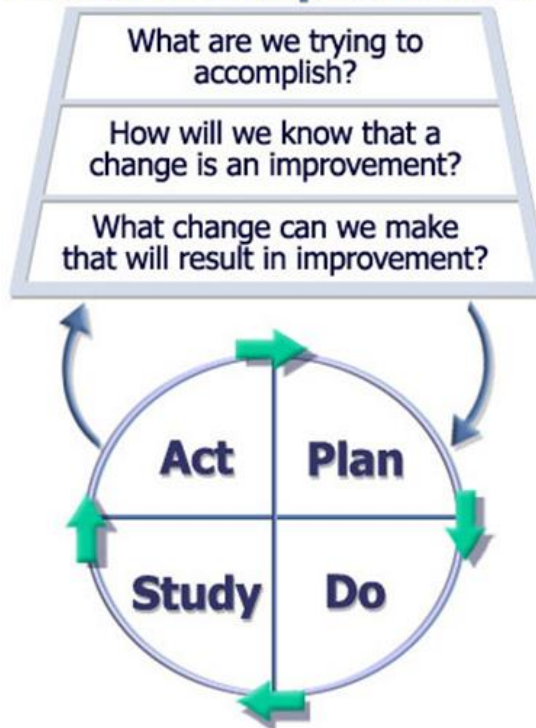
Institute for Healthcare Improvement (IHI)



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Aim of the Pilot

The aim of the pilot project was to improve the efficiency and effectiveness of the referral processes between PCP and specialist so:

1. The PCP’s reason for the referral is clearly stated
2. The PCP referral is sent in a timely manner with clear and consistent supporting information
3. The specialist response clearly addresses the reason for the referral
4. Timely completion and receipt of referral report improves
5. Satisfaction of the PCP, the specialist and the patient with the referral process improves
6. Use of the EHR in supporting the referral processes is maximized to increase reliability and consistency

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Original Measures

1.	Total number of referrals by type: o Urgent (less than 7 days) o Priority (7-14 days) o Routine (14-28 days)
2.	Number of Referrals closed in a timely manner
3.	Referrals with an answer to the clinical question posed by the primary care provider
4.	Patient satisfaction with the referral process
5.	Primary care provider satisfaction with the referral process
6.	Specialist satisfaction with the referral process

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Change Package

- Referral types
- Care compact
- Clinical question
- Patient engagement
- Electronic communication
- Process mapping
- Referral tracking system

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IHI Breakthrough Series Collaborative Learning Model

- Leadership Team and Project Team
- QI Project Director and Clinical Innovations Specialist
- Pre-work
  - Recruitment of the Dyads and team members
  - Integration of the residents and fellows
  - Process mapping
  - Referral definitions
  - Defining data collection and reporting responsibilities
- Learning Sessions (2/year, 4 hours in length)
- Coaching – site visits

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Collaborative Expectations

- Participation by Dyad team members in monthly conference calls
- Monthly data collection and reporting
- Learning Sessions (2 per year) with PCP and Cardiologist participation
- Dyad "Storyboard" deliverable
  - Dyad Aim Statement, PDSAs, measure run charts
  - Challenges, solutions and lessons learned

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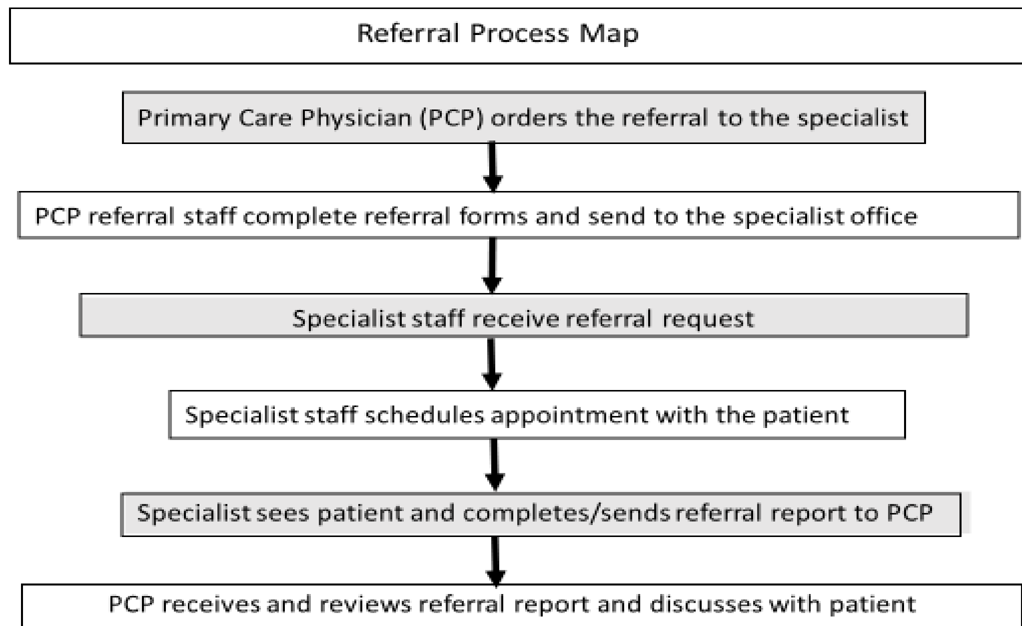
Typical Referral Process Map



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Typical Referral Process in Collaborative

PCP Visit
- Create referral
- Add clinical question

Specialist Review
- Answer clinical question
- Create a note

PCP → Coordinator → HIPAA Secure → Coordinator → Specialist → Data Dept. → HIPAA Secure → Data Dept.

Data Dept.
- Create referral
- eFax the referral

Data Dept.
- Receive referral and make appt.
- Inform PCP office of appt. date

Data Dept.
- Send the note to PCP

Data Dept.
- Attach note
- Close referral

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If You are at PCP's Office

You need to be able to get the following from the EMR:

- Create an Electronic Referral Request
- Ability to identify importance of referral (urgent, priority, routine)
- Ability to attach a “Clinical Question”
- Trackable field for Date of Appointment (DOA)
- Trackable field to attach the specialist note

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If You are at PCP's Office

You need to be able to extract the following reports:

- List of open referrals by specialist
- Time from referral created to sent to specialist
- Time from referral sent to specialist to appointment date
  - Organized as Urgent vs. Priority vs. Routine
- Referral closed date in relation to referral create date

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If You are at Specialist's Office

You need to be able to do the following from the EMR:

- Organizing incoming referral by their importance
  - Urgent vs. Priority vs. Routine
- Identify the "Clinical Question" asked
- Electronically communicate date of appointment, inability to contact, no show, patient cancellation
- Electronically send note with answer to PCP "Clinical Question"

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If You are at Specialist’s Office

You need to be able to extract the following reports:

- Time from referral received to appointment date based on level of importance
- Time from appointment to note sent to PCP

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PCP's Current Expectation

Current PQRS Measure 374 Closing the Referral Loop:

"Receipt of Specialist Report" - Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

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EHR Functionality Future Goals

- Ability to automatically update in the PCP referral screen the status of the of the patient's specialist appointment in the EHR
- Ability to contact the specialist's office for updates on outstanding referrals via Health Information Exchange (HIE) or Health Information Service Provider (HISP)
- Automatically update the PCP EHR of patient "no-shows" and patient declines
- Separate field for the "status of referral" (e.g., Priority or Routine), which allows closure and the ability for PCP to track for follow-up with patient

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Challenges: Lack of EHR Interoperability

Inability to:

1) Document and track referral process steps, including the appointment with the cardiologist
2) Efficiently capture or send referral information between offices in a secure manner (i.e., HIE or HISP)
3) Clearly communicate the "Clinical Question" and patient data between offices
4) Produce referral tracking reports for care compact compliance

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Strategies for Working Around EHRs

- Most PCP EHRs identified possible ways to send referrals electronically and evolved traditional faxes
- PCP practice quickly identified their superusers
- Clinical question was included in the referral request; not always in a structured field
- Cardiologist’s EHR sent the report to the PCP; not always automatic function
- EHRs unable to track referral process steps
- Communication between the PCP and cardiologist with the same EHR were enhanced by the use of direct messaging

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Results

Summary of referral characteristics for n=110 pre-intervention and n=280 post-intervention referrals.

	Pre (n=110)	Post (n=240)
Referral Type		
Urgent (3-7 days)	24%	<5%
Priority (7-14 days)	10%	<5%
Routine (14-28 days)	65%	95%
Referral Status		
Open	60%	30%
Closed	40%	70%
Referrals closed in a timely manner (Specialist visit summary received by PCP within 7 days of appointment)	40%	70%
Referrals with clinical question answered by specialist.	50%	75%

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Patient, PCP and Specialist Satisfaction

- Patient satisfaction remained high throughout the collaborative.
- PCP satisfaction was high throughout the collaborative with some improvement in every area post intervention.
- Specialist satisfaction improved in every area with significant improvement in:
  - Clinical question information from PCP received prior to referral visit
  - PCP knows specific information needed prior to the referral visit
  - All needed information prior to referral visit was typically received

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Recommended Measures

Measures Reported	
1.	Total number of referrals by type: ○ Priority (7-14 days) ○ Routine (14-28 days)
2.	Number of Referrals closed in a timely manner
3.	Referrals with an answer to the question posed by the primary care provider
4.	Patient satisfaction with the referral process
5.	Primary care provider satisfaction with the referral process
6.	Specialist satisfaction with the referral process

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Key Lessons and Tools

- Physician leadership
- Patient engagement
- Referral expert
- Care compact – referral definitions
- Clinical Question
- EHR Expert
- Referral tracking and reporting system
- Process Mapping
- Quality Improvement Training

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What do You Need to Make Improvement Happen?

- Physician champion
- Project lead with knowledge of your current referral management process
- Referral coordinator EHR
- EHR technology experts who can assist with changes to your EHR, as well as ways to connect with physician partners
- System that facilitates bi-directional communication between primary care and specialist physician offices, which could be an eFax or direct messaging systems such as a Health Information Service Provider (HISP)
- Data collection system to track status of referrals and when they are closed

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What are the Key Intervention Areas?

- Relationships, expectations and accountability
- Formal care compact
- Change agent with the practices
- EMR data reporting, connectivity and challenge management
- Patient engagement and satisfaction assessment

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What will Entice PCPs and Specialists to Participate?

- Benefits for the:
  - PCP
  - specialist
  - staff/practice
  - patient

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Cross Cutting Improvement Opportunities

- Recognized high priority quality measures under MIPS
- Focus on “Closing the Referral Loop” as a first project in a long-term commitment to improving care coordination
- Demonstrate meaningful improvements in care coordination through a small scale collaborative with measurable impact promoting the quadruple aim
- Engage in conversations to evolve measure development
- The CRL pilot project clearly shows that implementing a few key strategies can have a **significant impact on the quality of the referral process**, as well as **the number of timely, completed referrals and physician satisfaction.**

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Takeaways

- Lessons from the CRL pilot project work
- The lessons and knowledge can be implemented easily at the local level
- Using the tool kit can help close more referrals in a timely manner
- Extensive technology or IT projects are not necessary
- Motivation to close more referrals to improve care coordination is a pre-requisite
- Let us know if we can help further!

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What's Next?

PCPI and The Wright Center are:

- Sharing lessons and experience with interested organizations and individuals
- Exploring scale and spread opportunities
- Presenting at the IHI National Forum in December
- Publishing an article
- Working with you?

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Questions?

Please type your questions and comments into the chat window.

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Thank You!

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