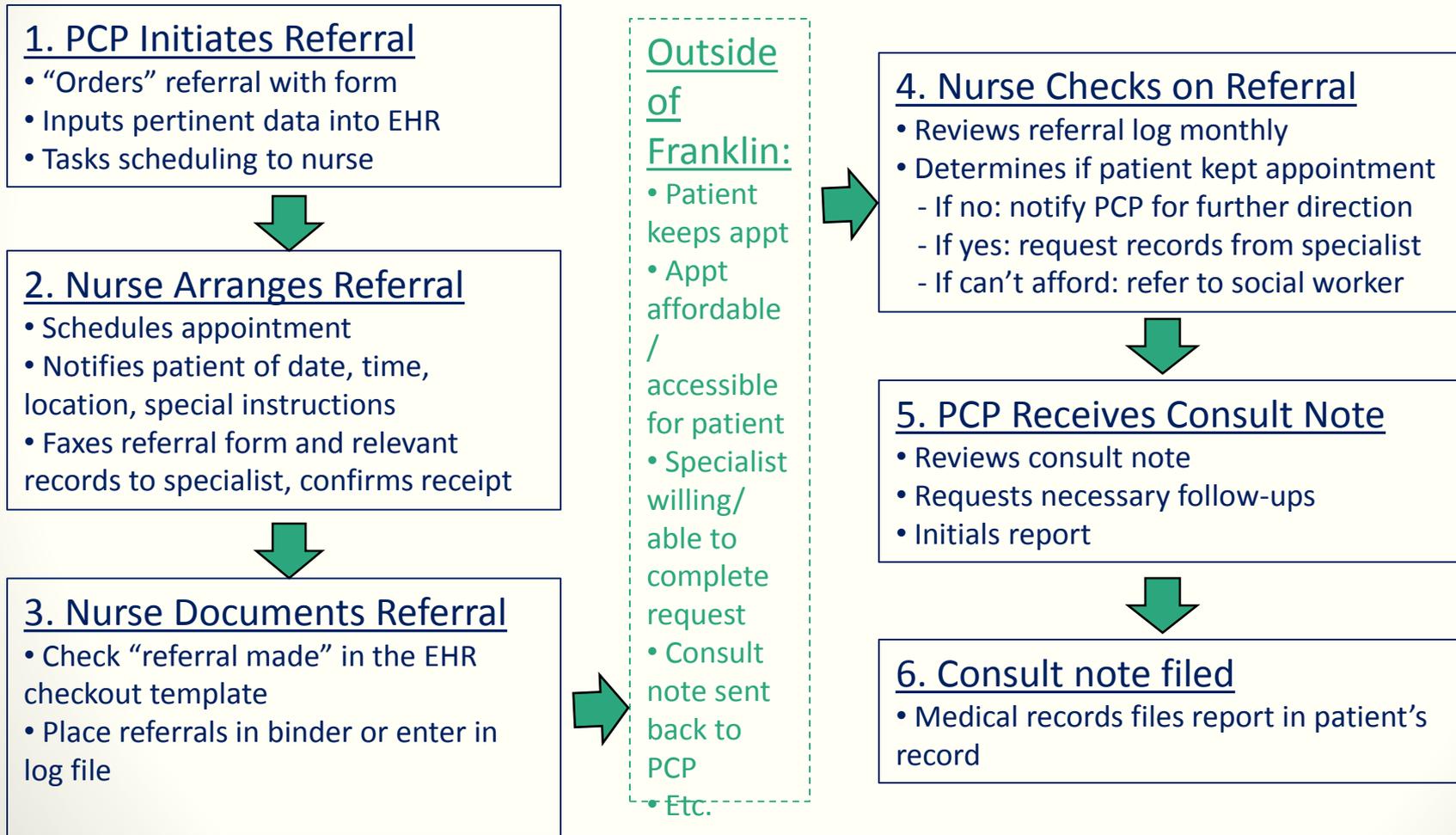# Improving Referral Tracking Processes

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# Introduction

- Referral tracking is an <u>important element</u> of patient-centered primary care
  - It facilitates *care coordination* and *continuity of care*
- Referral tracking is <u>required</u> by key accrediting organizations
  - *For NCQA PCMH*: "5B - Referral tracking and Follow-Up" is a MUST PASS element
  - *For Joint Commission*: requirements to support continuity, coordinate care, and maintain complete records
- Franklin Primary Health Center <u>struggles</u> with referral tracking:
  - The unannounced Joint Commission identified a need for "efficient and effective tracking of labs, referrals, and diagnostic procedures"
  - Multiple issues contribute to difficulty with tracking (EHR changes, volume, staffing, processes, challenging population, etc)

# Background–The Process

## 1. PCP Initiates Referral
- "Orders" referral with form
- Inputs pertinent data into EHR
- Tasks scheduling to nurse

## 2. Nurse Arranges Referral
- Schedules appointment
- Notifies patient of date, time, location, special instructions
- Faxes referral form and relevant records to specialist, confirms receipt

## 3. Nurse Documents Referral
- Check "referral made" in the EHR checkout template
- Place referrals in binder or enter in log file

## Outside of Franklin:
- Patient keeps appt
- Appt affordable / accessible for patient
- Specialist willing/ able to complete request
- Consult note sent back to PCP
- Etc.

## 4. Nurse Checks on Referral
- Reviews referral log monthly
- Determines if patient kept appointment
  - If no: notify PCP for further direction
  - If yes: request records from specialist
  - If can't afford: refer to social worker

## 5. PCP Receives Consult Note
- Reviews consult note
- Requests necessary follow-ups
- Initials report

## 6. Consult note filed
- Medical records files report in patient's record

*Based off "Procedure for Medical Referrals", Franklin Policies and Procedures Manual, revised 2/11*

# Methodology

- Quantitative
  - Review 100 records of MLK Adult Medicine patients whose PCPs had requested referrals January 1 - February 28 of 2013
  - Document whether and when the referral made it through each stage of the current tracking system. When not followed through to completion or unnecessary delays occurred, identify gaps
- Qualitative
  - Map recommended referral tracking process using Franklin's Policies and Procedures Manual
  - Observe current processes used in the clinic and discuss process with clinic staff
- Conduct literature review of best practices in referral tracking
- Make recommendations to Franklin for improved referral tracking process

# Results: Drop-Out Analysis
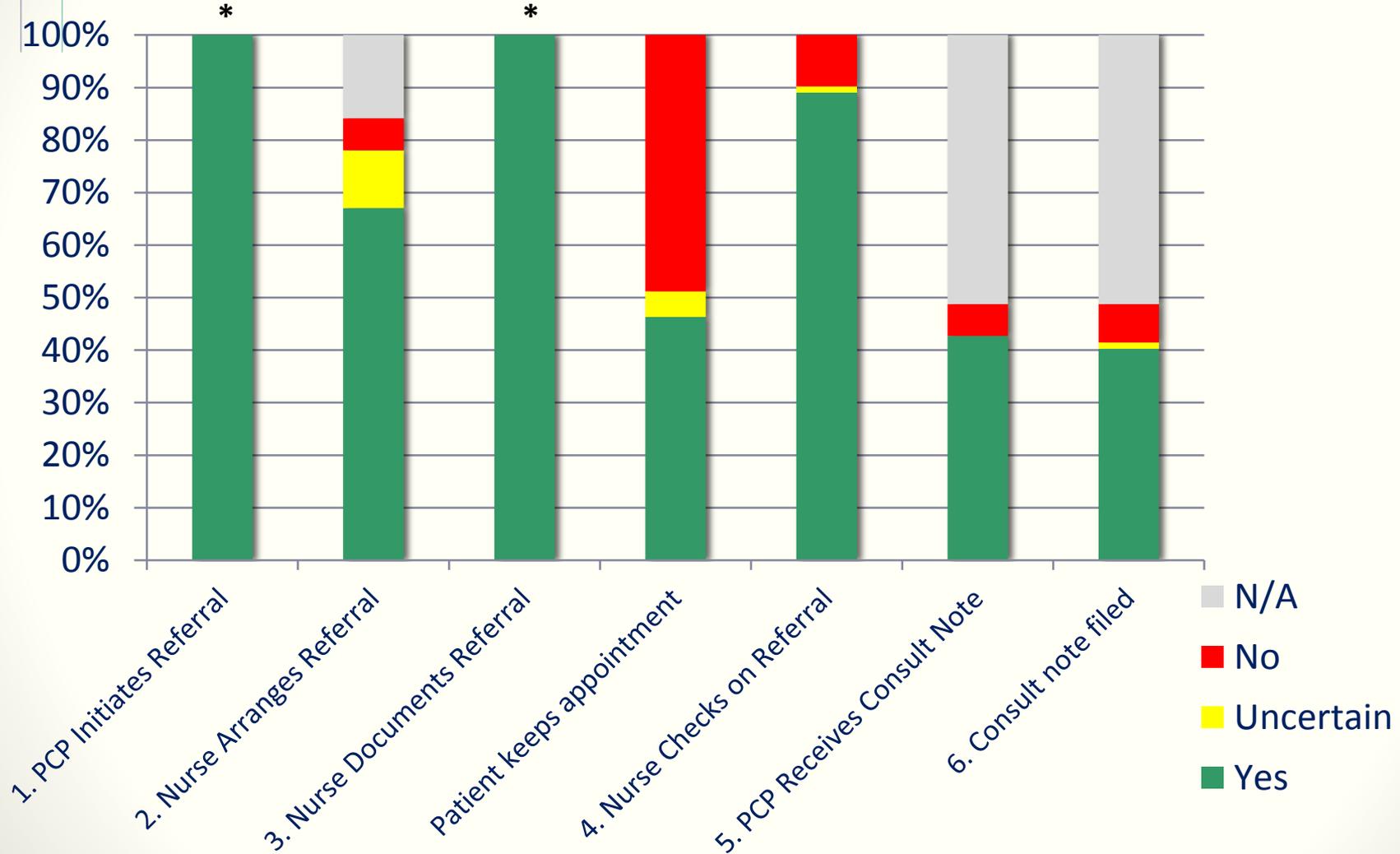
* EHR analysis needed to confirm

# Results: Time Lapses

**1. PCP Initiates Referral**

Median: 0 days      Range: 0 to 53 days
Mean: 2.9 days      n=71

**2. Nurse Arranges Referral**

**3. Nurse Documents Referral**

Median: 6 days      Range: -11 to 113 days
Mean: 9.0 days      n=64

**Appointment**

Median: 12 days
Mean: 22.0 days
Range: -106 to 114 days
N=67

Median: 8 days
Mean: 12.0 days
Range: 0 to 38 days
N= 35

**4. Nurse Checks on Referral**

**5. PCP Receives Consult Note**

Median: 3 days      Range: 0 to 52 days
Mean: 12.2 days      N=34

**6. Consult note filed**

NOTE: Times ONLY include referrals that make it to a particular stage. High-drop out rates are noted

*Best Case Scenario:*
*\* 5 days from start to finish*
*Worst Case Scenario:*
*•84 days from start to finish*
*Average (Median)*
*Case Scenario:*
*\* 23.5 days from start to finish*

# Results: Qualitative

- Gaps in process exist at all following stages:
  - 1. <u>PCP Initiates Referral</u>: Urgency of referral rarely specified
  - 2. <u>Nurse Arranges Referral</u>: Necessary documents often not included in faxed referral form; appointment not made in consultation with patient (timing, cost)
  - 3. <u>Nurse Documents Referral</u>: Inconsistency in how nurses document referral in online template and binder
  - 4. <u>Nurse Checks on Referral</u>: Done when free time, without consideration for timing or urgency of appointment; no shows inconsistently followed up on; outstanding referrals lost in the shuffle
  - 5. <u>PCP Receives Consult Note</u>: Missing reports not followed up on
  - 6. <u>Consult note filed</u>: Occasional reports go missing

- No system for pulling up all referrals made by a provider in a time period → uncertainty whether all referrals even enter the tracking process in the first place!!

# Discussion

- Causes for concern
  - While many referrals are adequately followed up on, there is no consistency or process that guarantees timely completion
  - No-show rates for appointments are very high (48.8%), and the cause(s) of this must be better understood
  - Staff frustrated by cumbersome process
  - It is very easy for patients to fall through the cracks at any stage in the process, and to have no one notice
- Causes for optimism
  - The NextGen system may allow for improved processes
  - Systems that assign tasks and track progress electronically are successfully used in other aspects of clinic workflow

# Recommendations

- Develop an improved template for referral ordering and tracking in the NextGen system

- Run regular (weekly or monthly) reports of recent referrals and referral appointments that require follow-up

- Assign referral follow-up tasks to employees with clear expectations for how much, when, and by whom they need to be completed

- Keep track of referral stages and completion in a central, electronically accessible location

- Regularly assess and analyze referral tracking data for essential patterns (time lapses, drop-out, no-show rates, specialist accessibility and consistency, etc)

# Conclusion

- An efficient and effective referral tracking system is essential to creating a patient-centered care environment
- The current system does not consistently guarantee timely follow-up
- There are many opportunities to streamline the current system using electronic system

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