

Improve Outcomes with Effective Referral Management

by Teri Yates



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Clinicians refer patients for specialty evaluation and treatment more than 100 million times a year in the United States.¹ Because referral processes are inconsistent and fraught with communication errors, only half of those patients ever make it to their appointment.²

While any missed medical appointment can cause negative consequences, the impact of a delay can be catastrophic for patients in need of limb-preserving endovascular therapy. Specialty practices can improve clinical outcomes by implementing reliable processes to manage inbound patient referrals.

Get Referrals Out of Limbo

Referrals come into a specialist's office through a variety of mechanisms (**Figure 1**). Many practices lack a formal tracking system to ensure that every patient referred for evaluation is either seen or receives follow-up. They default to a system consisting of a folder filled with printed faxes, sticky notes, and referral forms in various states of processing.

Most physicians would be horrified if they understood how many of their intended patients remain trapped in referral oblivion, or more specifically, languishing in the

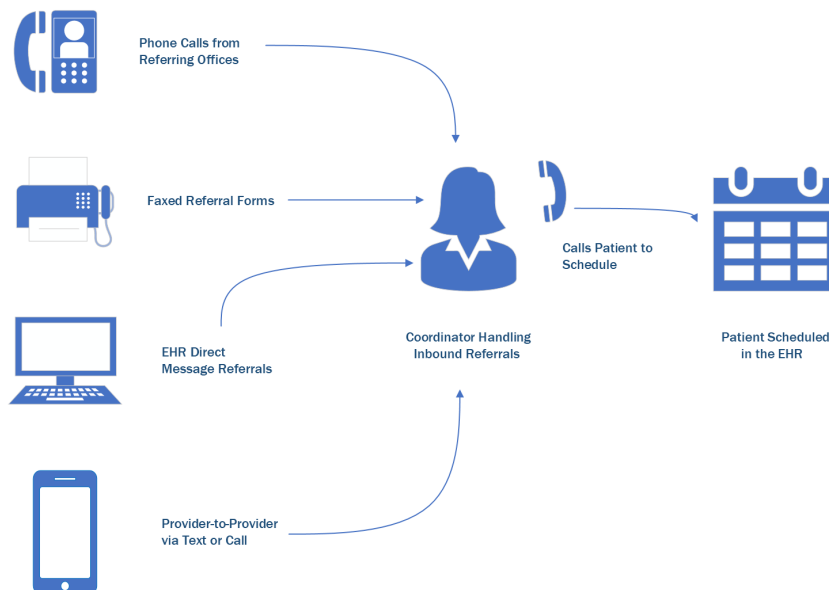


FIGURE 1. Inbound referral pathways.

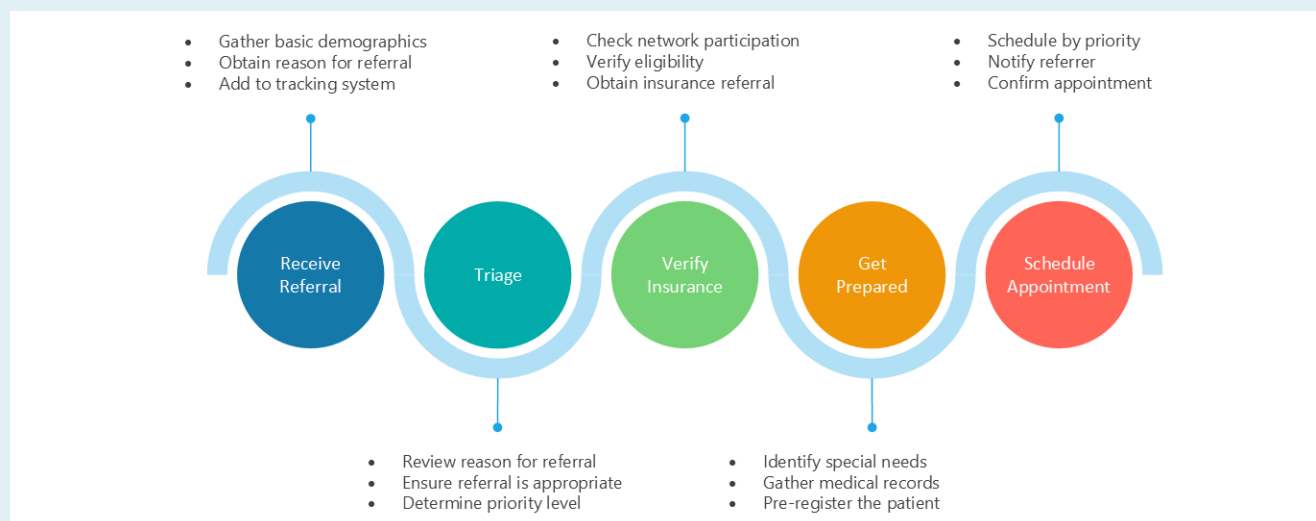


FIGURE 2. Referral management steps.

back of a folder at their front desk. A reliable tracking system where every inbound referral is recorded and monitored until resolution can keep patients out of that limbo.

Cloud-based referral management systems offer guided workflows to screen patients for network participation and ensure the practice has access to records. These systems also deliver analytics on referral processing time and referral patterns. For a lower cost, practices can create an internal database to provide front desk staff with similar checklists and to measure the time interval from referral to appointment.

Audit the Referral Data

Whether using a third-party application or home-grown solution, leaders must periodically audit the data to identify capacity shortages and manage poor performance.

Carol Malone, the director of operations for Vascular Institute of Chattanooga (VIC), uses an interactive workflow management solution to ensure referrals are handled in accordance with practice policies. “Monitoring our referrals requires my daily attention as a leader. We receive several hundred new referrals per month, and at any given time we’ve got between 30 and 50 in some state of processing.” To differentiate themselves from competitors, VIC guarantees that every new patient will be offered a consultation within 3 days.

“To maintain accountability for meeting the VIC paradigm for patient access, the entire leadership team has complete transparency into my team’s referral scheduling process. Intake dates and times are auto-generated in the system, and we review a dashboard in our weekly management meeting that includes total counts of referrals, referrals in open status, and the number of patients referred that refused to schedule their appointment.”

Set Performance Targets

Office-based endovascular labs (OBLs) have a key advantage over their hospital-based counterparts in their ability to provide care quickly, free from the red tape often associated with the hospital setting. By setting and consistently meeting performance targets, practices gain a decisive, competitive advantage when cultivating referrals.

Performance measures might include the number of referrals converted to appointments, the timing between receipt of the referral and the setting of an appointment, and the percentage of patients seen within a timeframe.

Appointment priority levels should be established based on the patient’s symptoms and reason for referral. For example, a commitment to offering new patients an appointment within 5 business days, while highly competitive in some markets, would not be acceptable for patients with suspected critical limb ischemia. With training, front desk staff will learn to triage referrals appropriately, and a clinician can screen new referrals to ensure critical patients receive expedited care.

With processes in place and training, performance should improve over time.

Troubleshoot Referrals

The workflow for a new referral encompasses several steps to prepare and secure payment for the appointment (**Figure 2**). The specialty practice must rely heavily on the referring provider’s office to supply accurate information to support the intake process. For example, the patients’ health record frequently contains out-of-date demographic information and, without a working phone number, the referral cannot mature into a scheduled appointment.

The staff members responsible for new patient scheduling must have a strong service orientation and problem-solving mindset. Building relationships with their

peers in the referring office will set the stage for cooperation and timely response when a problem inevitably occurs. Dr. Brad Hill, founder of Hill Vascular and Vein Center, sees this as a key part of their success.

“Alex, who is our Patient Care Coordinator, has been exceptional at developing relationships with our key referrers since we opened our practice early last year. Because of the COVID-19 pandemic, face-to-face visits with referring offices have not been possible to educate them about our services. Her ability to build great rapport, even over the phone, makes everyone involved in the patients’ care feel like we are on the same team.”

Menee Hill, the practice’s director of operations, makes certain that every referral is catalogued and prioritized upon arrival. She ensures her staff stays focused on the steps required to actualize the appointment. “If we hit a roadblock in the process, we engage with the referring office staff to help us clear the way. Referral coordinators and even referring physicians often give us their personal cell phone numbers so we can stay in contact. They know that they can trust us to never let their patient slip through the cracks.”

Proven strategies to improve collaboration with external referral coordinators include:

- Provide them with a direct extension to bypass the phone tree.
- Request their feedback about simplifying the referral process and be prepared to make reasonable accommodations for their convenience.
- Close the communication loop by sending a fax or direct message that confirms the scheduled appointment for the patient.
- Communicate immediately when a patient doesn’t show up for an appointment.

Patients should be screened for special needs or barriers that could interfere with their ability to make—or keep—their appointment. Title VI of the Civil Rights Act of 1964 guarantees patients with limited English proficiency the right to access healthcare services in their preferred language. Providers that accept federally funded health insurance (Medicare, Medicaid, etc.) must provide patients with a qualified interpreter and written translations, if requested.³ This need may be fulfilled for some patients with bilingual staff members, but the scheduling staff should also have ready access to a telephonic or in-person interpretation service.

Improve Interoperability

In the ideal scenario, the referring physician fully informs the specialist of the patient’s history and reason for the consult at the time of the appointment. This ensures that the specialist can return a useful, specific consultation note in a timely manner.

In reality, a patient’s incomplete or missing medical history causes the specialist to not send a report or to send a multipage consultation note filled with extraneous information that doesn’t effectively communicate the intended treatment plan.²

According to interoperability experts, electronic medical records (EMRs) can go a long way toward improving satisfaction for all stakeholders by making it easier to exchange information, but not in the absence of diligent workflows and consistent protocols.⁴

Building these processes rewards the practice in the economic returns from having more patients on the schedule each day and a reduction in diagnostic errors associated with the referral process. The cost of these referral errors is extraordinary.⁵ At Harvard’s affiliated institutions, referral errors resulted in \$11 million in malpractice claims paid over 9 years.⁴ Eighty percent of these claims involved family and internal medicine.⁴

Be An Essential Partner

While the root cause of a failed referral may originate in the referring physician’s office, specialists can help overworked primary care providers by offering exceptional service when handling referrals. The value of this support is magnified in the population with peripheral arterial disease, where patients’ numerous comorbidities and the multiple specialists involved in their care increase the risk of error.

By managing referrals for endovascular therapy with high reliability, specialists in outpatient endovascular centers can protect patients from harm and improve clinical outcomes, earning more referrals and loyalty from primary care providers in the process.

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