

Referral Management Workflow

A Guide for Improving Your Referral Management Workflow



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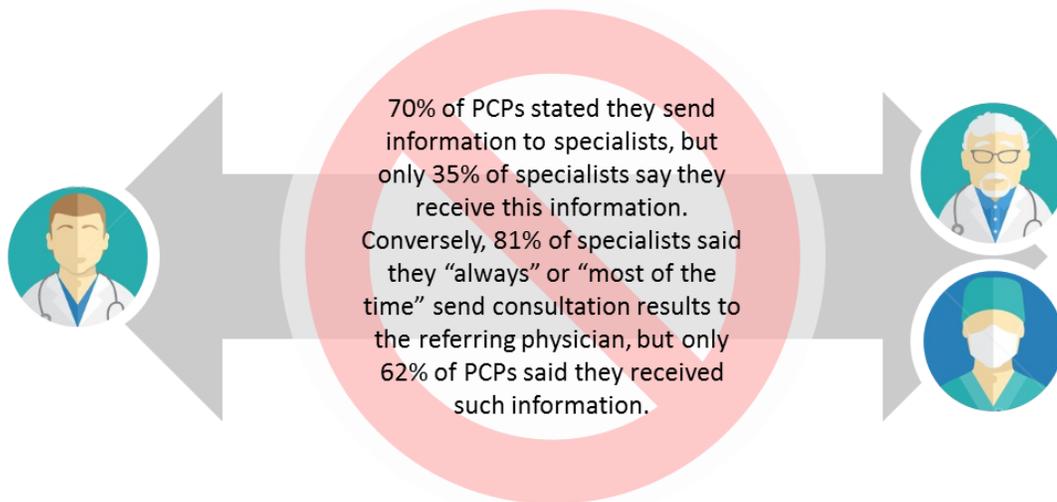
A Guide for Improving Your Referral Management Workflow (RMW)

The Challenge

Concise and timely communication between referring physicians and specialists has a significant impact on patient referrals, consultations, coordination of care, patient outcomes and of course, physician satisfaction. It is a common challenge that all healthcare organizations face, especially with an increased need for cross-discipline coordination.

So why is effective communication so difficult?

Research shows that the problem is part reality and part perception. Many providers believe their efforts are having the desired impact, but unfortunately their efforts fall short.



Although great strides have been made on interoperability, the truth remains that a complete, end-to-end solution is not reality.

“Interoperability won’t reach the mainstream without widely agreed upon and indeed deployed semantic, data model and data definition standards. Until then, as evidenced by the rapid migration of health systems and providers toward integrated solutions such as Epic, Cerner and Allscripts interoperability will continue to lag in adoption and under-deliver in meeting expectations.”

Mike Restuccia, CIO of Penn Medicine, Interview with Healthcare IT News, September 26th, 2016

Even if systems communicated seamlessly, a significant amount of clinical and financial workflows are still broken. Workflow re-design projects are based on an assumption that the original workflow was intelligently designed, front to back, at its inception. In the majority of situations, this simply is not the case.

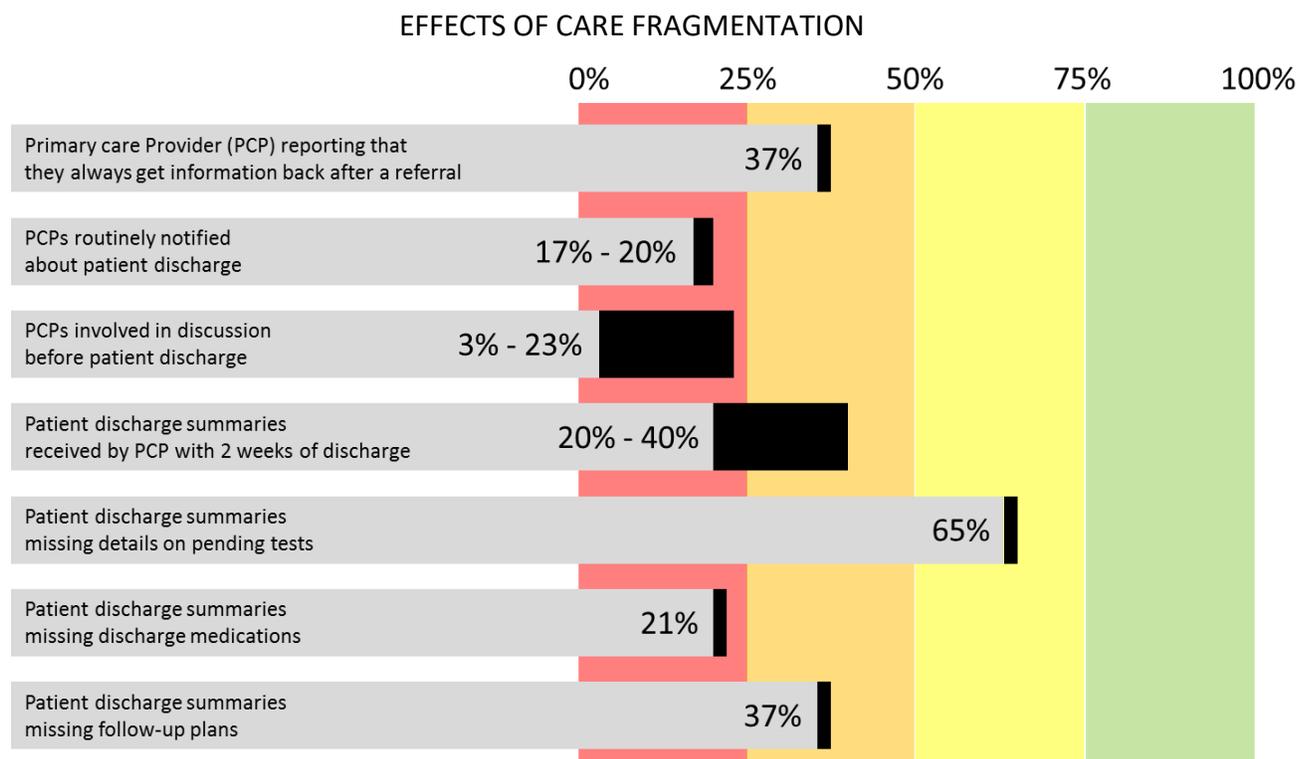
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The Impact of Broken Workflows

In healthcare, the reality is that many workflows are the result of years of strapping new programs, personnel and requirements onto a process that was never designed to support these changes. The end result is inefficiencies in work arounds and exceptions processing, lost revenue and frustrated professionals.

Despite the need to obtain concise information at the right time, referral management workflow (RMW) at most health organizations is relatively non-existent. As a result, too much time is spent collecting and validating data, and too little time analyzing that data to make clinical decisions.

Organizations with broken RMWs are typically restricted to basic retrospective or investigational analyses – essentially assessing results after their impact has occurred with no ability to affect outcomes.



Source: Kripilani, et al JAMA 2007 | Bell et al, JGIM 2008

Below are common questions that organizations ask when RMWs are not working well:

- Did the referring physician send the patient's entire medical record, requiring the specialist to sift through tens to hundreds of pages for the relevant pieces of information she needed?
- Did the specialist office tell the referring physician office what information was required?

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- Where, when and how was the information sent?
- Did the specialist send the information that the referring physician needed?
- How were updates provided to the referring physician?

The communication issues become more problematic the more complex the patient's treatment. Poor communication has a real impact, lost revenue, an organization's reputation and competitive positioning are at stake. Poor communication waste time, money, and resources.

When RMWs are inefficient and caregivers don't have the right information they need at the right time:

- Patients don't get scheduled or miss appointments
- Patients wait longer or are denied care
- Procedures get canceled, sometimes even when the patient is on the table
- Staff and physicians get frustrated
- Repeat/redundant tests are conducted
- Referring physicians start sending their patients elsewhere, sometimes without notice

When poor communication is inherent in a poorly built workflow, the solution can seem complex, even unattainable. Workflows, specifically RMWs, when designed or redesigned with a focus on the people and desired outcomes, success is attainable.

By designing an intelligent RMW, organizations create answers to emergent and immediate questions, and enabling organizations to:

- Anticipate problems
- Increase revenue
- Decrease costs
- Avoid unnecessary costs
- Improve strategic positioning in a competitive market
- Improve communication between healthcare professionals
- Better educate and prepare patients for participation in the care process

Developing a RMW Solution That Delivers Results

The development of an effective and efficient RMW system represents a systematic look at the full spectrum of opportunities and challenges associated with improving care coordination. In advance of this complex, multi-stakeholder initiative, it is important to examine how increasing care coordination will impact the organization, people, technology, and related processes.

Starting with the end in mind, with a focus on the people and process, it is possible to have referring physicians give PCPs high satisfaction scores, reduce the number of canceled procedures, increase referrals and revenue. An efficient RMW creates an environment where

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cost-per-procedure to trend downward. Patients become more engaged, are happier and consequently quality scores improved. Because of an effective, well-designed RMW, word of mouth in the physician/specialist community is highly positive.

How to Implement Effective RMWs

Significant improvements can be realized fairly quickly and cost-effectively by creating a long term, successful referral management that process starts with these steps:

- Step 1: Establish goals and standards
- Step 2: Gather relevant information
- Step 3: Build Gap Assessment
- Step 4: Develop and Select Courses of Action
- Step 5: Implement Course of Action
- Step 6: Test, control and improve
- Step 7: Expand on successes

- 1. Establish Goals and Standards:** The first step is to determine what the practice wants to achieve with the redesigned RMW. For example, if the practice wants a goal to be an increase in referral tracking and follow-up. We then determine what existing standard(s) is to be used for measuring the goal. The example mentioned above can use the NCQA Patient Centered Medical Home standard with its factors as a starting point for measuring the goal.
- 2. Gather Relevant Data:** Determines a realistic current state of your RMW. The data collection methods are customized to obtain relevant information from the appropriate group. Surveys will gather general information from a broad audience. Interviews and focus groups distinguish administrative and business stakeholders by process interests. The process observations are concerned with determining baseline process performance in the current state that will assist in prioritizing change management during the program. Taken together, the data collection, focus group sessions and observations will provide insights about readiness in terms of the key success factors for effective implementation.

Key workflow questions should be answered:

- How can we leverage our current technology?
- Can our EMR integrate with a referral management software program?
- How will each key stakeholder access critical info? Imbedded in EMR? Separate portal?
- Are administrative processes organized, efficient, and well documented?
- Are workflows efficient, clearly mapped out, and understood by all staff?
- Are data collection and reporting processes well established and documented?

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- How computer literate and comfortable with information technology are staff members?
 - Does the practice have access to high-speed internet connectivity?
 - Are there clinical priorities or needs that should be addressed?
 - What are the specialty practice specific requirements?
- 3. Gap Assessment:** Defines the gap between steps 1 and 2. Identify specific opportunities and requirements to execute the project, change the work processes and have the output of the project take hold in the organization. It should document all information from the analysis for future reference and review during implementation or future projects.
 - 4. Develop and Select Courses of Action:** Based on the goals and step 3, courses of action are developed that reach the intended goal. Leadership will be able to make intelligent decisions when choosing between the presented courses of action. Once the course of action is chosen, the specific work activities can begin.
 - 5. Implement Course of Action:** Using best practices and industry standards, implement the course of action that best fits your organization. Don't focus on go-live only. Studies have shown if you move your primary focus to adoption of the solution, your organization will realize the value in much greater ways, with more stakeholder support. Implementations focus on long term adoption well past go-live and are truly more comprehensive than project management.
 - 6. Test, control and improve:** Once the improved RMW is operational, strive to improve and drive additional adoption through sharing success stories, working with the vendor to make improvements and controlling the flow of information. By incorporating the principles of Lean or Six Sigma, the process improves, provides greater value and because deeply entrenched in the success.
 - 7. Replicate Success Elsewhere:** Continue to expand the same principles into other areas that could use better communication, more coordinated care and resource utilization.

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Lessons Learned

Lessons learned are gained from years of implementation and referral management experience. They are often hard-learned and expose problems with a particular approach. By sharing lessons learned, every organization can benefit from previous implementations.

Start Small: Healthcare organizations often think they need to have a huge project, spend lots of money to get value out of a project. It's best to focus on one referral source at first. Once it is successful, expansion is easy and are prone to replication.

Have a long range plan: Make sure to incorporate improvements into a long range plan. Integration schedules are often booked a year or two out, don't let that discourage progress. The leading referral management workflow solutions have portals that can be used to access the information in the short term or for providers that don't share the same EMR. The practices use the portal to send you the referral, the information you require, and any other images and requests relevant to the case.

Get quick wins early: Quick wins build momentum and keep people excited. They also show the impact the project can have.

Involve all stakeholders from the beginning: The success of the project will be greater if all stakeholders are involved from the beginning. Their voices will be heard and a solution will be developed that truly meets their needs and accelerates the process.

Focus on adoption, not go-live: Drive everyone's attention to a date past go-live of the solution. Create metrics that will reflect adoption of the technology and not just how many users you have. True ROI realization is driven by adoption.

Always update referring physician: Remember the intent of the project. Don't stray from the goal and lose focus.

Make it easy: Make it easy for the referring practices to share the information. A great way to do that, is to provide a simple, web-based referral portal. The practices use the portal to send you the referral, the information you require, and any other images and requests relevant to the case. And you use it to communicate back to them.

Automate and automate some more: Along with making it easy, removing human interaction at appropriate points reduces errors, speeds the process and limits additional workloads. Don't automate in areas that won't benefit or require some subjective decision making.

Know what metrics you are trying to improve: Know what you want to accomplish. Create stretch goals that can be realistically attained.

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About Forcare

Forcare is a leading provider of open, standards-based software for Health Information Exchange solutions and recognized as an international leader for IHE XDS based interoperability. Specialized in improving outcomes by interconnecting healthcare information systems.

Forcare's vision is that (clinical) information systems need to cooperate in creating, sharing and managing clinical patient data, both inside and outside the healthcare enterprise. Based on this approach, healthcare institutions can share clinical information and realize more efficient and flexible cooperation. This enables healthcare professionals to provide high quality care in a more efficient way.

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About Greencastle Associates Consulting

Greencastle Consulting is an implementation consulting firm that is unique in its approach to critical healthcare projects. At Greencastle, the best practices of change management, process improvement and project management are intertwined with Greencastle's 5 Rights of Implementation Methodology.

Using their Implementation Management as the foundational approach to each project has allowed Greencastle's clients to successfully meet the challenges of an ever-changing healthcare landscape. Founded on a strong military background, Greencastle has been providing metric-driven results to healthcare organizations in the Delaware Valley since 1997. 100% veteran owned and operated.

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