Referral Tracking

40% of referrals will be completed within 3 months of referral initiation.

Baseline Data: 7%
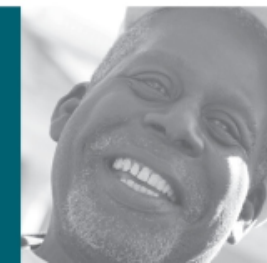
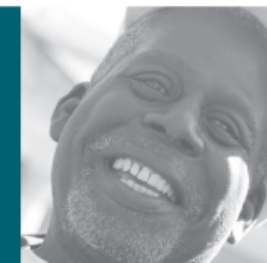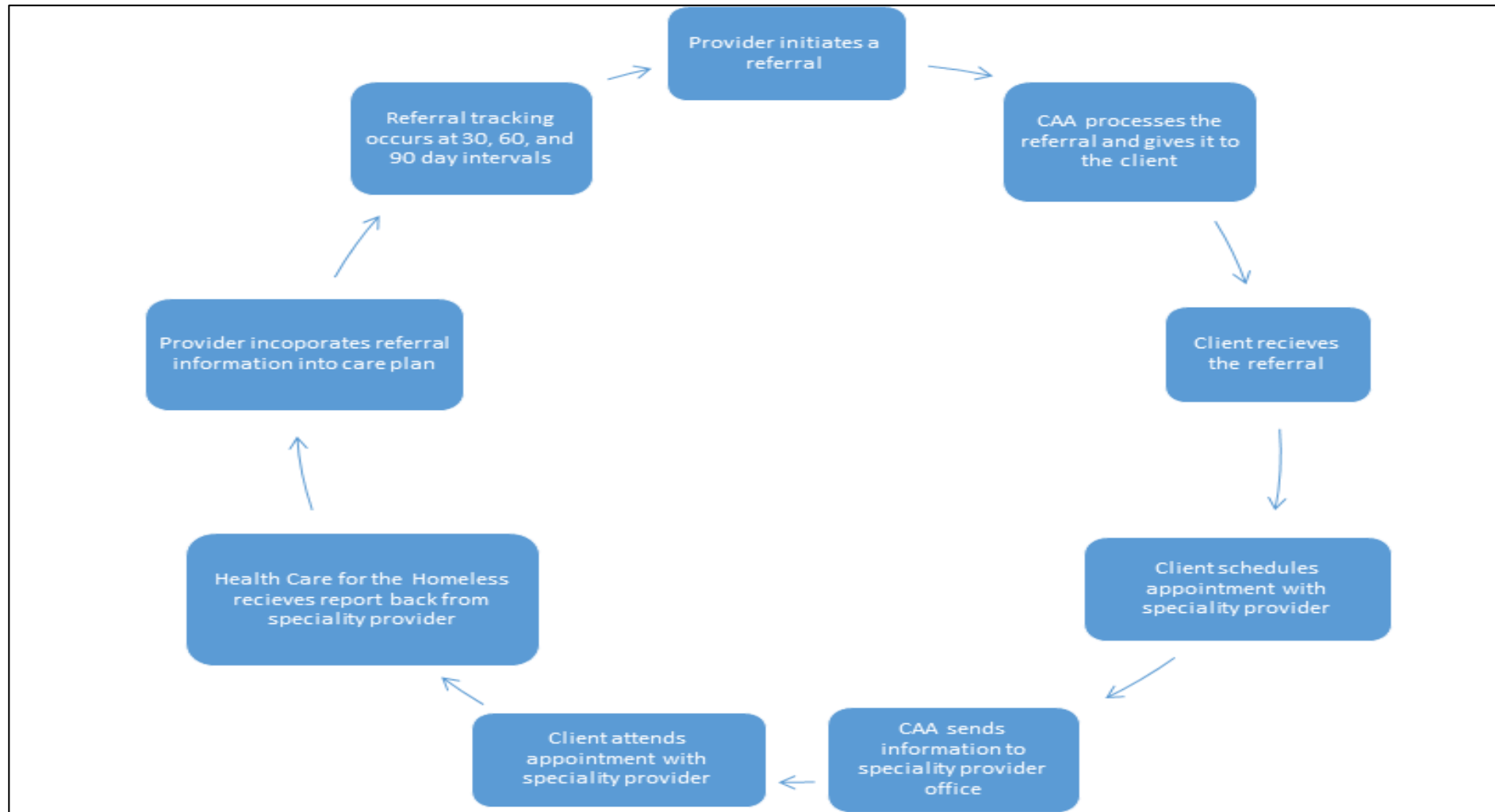| January Launch	Referral Tracking Committee	
	Champion	**Mona Hadley**
	HIT	**Wynona China**
	Members	Greg Myers
		Wanda Hopkins
		Max Romano
		Angela Robinson
		Lawanda Williams
		Adrienne Burgess Bromley
		Lisa Hoffman
		Tolu Thomas
		Eva Hendrix – consult
		Margaret Flanagan - consult

Since we last met…

- Subcommittee has:
  - Identified root causes for low referrals completion rates
  - Developed "ideal" referral workflow
    - Explored barriers to this new workflow
  - Created a PDSA to address real-time referrals

- Key Change Ideas:
  - Implementing better follow-up and tracking of referrals
  - Processing more referrals in real-time
  - Looking at proactively making insurance-related changes rather than retroactively after referrals are ordered

Proposed Workflow

Proposed Referral Process		Barriers to Process	Change Ideas
Step 1	Provider Initiates Referral	Providers not checking referral status/ or referral status nomenclature not clear – Creating duplicate referrals	
		Provider notes need to be completed and signed before a referral can be processed (affects Step 3)	
		Provider not putting order details and/or putting in diagnosis - Ex CMA creating GI referrals/ Mammogram referrals (affects Step 3)	
Step 2	CAA prints external Referral and gives to client with Processing timeframe **(not currently occurring at Fallsway only community sites)** Internal referrals are processed at checkout	External Referrals print out not currently occurring at Fallsway (Community site process)	
		Centricity Matrix list is not accurate – (needs a whole update)	
		unit Clerk Training	
		Referrals done when not in an office/telehealth visit – How do we connect this to a CAA. (who is the CAA?)	
		Internal Referrals - barriers to that not identified	
Step 3	Referral Specialist processes the referral	Client info not up to date	
		Issurance Related Issues - •PCP does not match •Prior authorization •Clients with private insurance •non-clients	
		Provider note not complete/order details not completed	
		Language Barriers	
		System Issues • Centricity is down • PDF – convert referral to PDF and its down • JAI referrals are Paper –CAA @ home an issue • Difficult to fax info through VPN while working from home	
		TAP referrals - must got through case management – Process written out	

| Proposed Referral Process		Barriers to Process	Change Ideas
Step 4	Referral specialist sends information to specialty provider office	System • Fax not working • Matrix not updated have the wrong information	
Step 5	Extrenal referral provider should be calling and scheduling ? or do we call ?	Falls way – if we do not print the initial referral with processing time info - patients are not always contacted -	
		Providers goes around the step and refers to case management to ensure clients are getting scheduled – process to close the loop for the referral process	
Step 6	Client Schedules appointment with specialty provider	Lack of transportation to external appointment	
		Clients refuses appointment	
		Language barriers	
		No appointments for Specialty care provider	
Step 7	Client attends appointment with specialty provider	View up/ similar barriers listed in Step 6	
Step 8	HCH Receives report	No partnership relationships	

Other Barriers Identified	No shared understanding of "completed"; "in-process" tracking labels	
	Ways things are documented in Centricity makes the report for 30, 60,90 days are not accurate. Documentation is not standard across the board	
	A lot of referrals in the system; being able to identify which is an internal/external/ (referral clean up needed in the system)	
	Expired referrals – what do we do with that?	
	If client declines – what is the policy – (notification to the provider and provider can cancel) – how do we document and tracking it appropriately	
	Referral processed in 30, 60, 90 days and redoing referrals completely and never scheduled. – creating processes for processed referral and how to create a new referral.	
		Notifying provider within a certain timeframe 90 day of status?
	How do we identify referrals that are due to expire? Patient sheet – Utilizing the system to help us guide the processes	
	Referral Tracking - Process written out and clear as to how we track and steps we take.	
	Differences in Imaging vs. Speciality care workflows are not deliniated	
	Referral manual created but whereabouts are unknown	

Referrals Completion: PDSA

- PDSA Plan:
  - Have unit clerks identify locations for the referred specialist utilizing the paper matrix and giving clients information about expectation of the referral process
  - Focus only on Max's Adult referrals for the PDSA
  - Include both In-person and Telehealth
  - 4 – 5 half days per week
  - Expected # of referrals is 20 – 30 referrals
  - Includes x-rays and mammograms
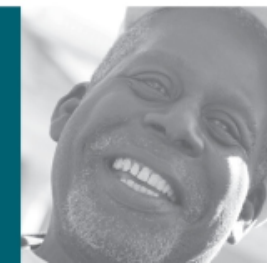
Referrals Completion: Next Steps

- Continue to develop and explore change ideas
- Conduct the unit Clerk CAA
- Look into a standard workflow for notifying clients when referral has been processed