



Medical Neighborhood 101

A focus on the Referral Process and Care
Coordination

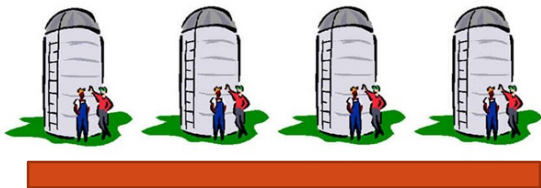
Carol Greenlee MD

A referral is part of *taking care* of the patient
...meeting the needs of the patient



But most clinicians practice in silos of disconnected care

- We have incomplete referral requests and responses, making it difficult to appropriately meet those patient needs.....



Discontent with Disconnected Care

- “Do you know why your doctor referred you here?”
- *“They had testing done but we don’t have the results so since the patient is here now for a consultation, we’ll just repeat the testing.”*
- “Most of the time I don’t know what the referring doc wants me to do for the patient
- *“I don’t know if my patient saw the specialist or not”*
- “Why didn’t someone let me know they were referring my patient to a surgeon”
- *“I waited 3 months for the appointment, took the day off of work & after I was in the exam room learned I needed a different type of specialist”*

Scenarios like these are not uncommon

- **For referred patients:**
 - **60-70% of specialists** reported receiving **no information** :
 - **25-50% of primary care providers** received **no information**
 - 28 % of primary care and 43% of specialists are **dissatisfied with the information they receive** from each other.

Effects of Poor Care Coordination

- **Having to repeat unnecessarily medical histories and tests.**
- **Receiving inappropriate and non-reconciled medication.**
- **Receiving inconsistent medical instructions or information.**
- **Using higher intensity settings than necessary---unnecessary emergency department use and hospital readmissions.**

MedPAC: Report to the Congress, June 2005 bill2

- **Better Care Coordination in Medicare with CHF, COPD and Type 2 Diabetes would save \$1.5 billion per year.**

Rand 2014

Wasted Resources / Higher Risk

“Jammed up” System

**Redundant
Testing**

**Missed
Diagnosis**

Waste

**Issues
Access**

Delay

SAFETY

**Unnecessary
Care**

**Unnecessary
Appointments**

COSTS

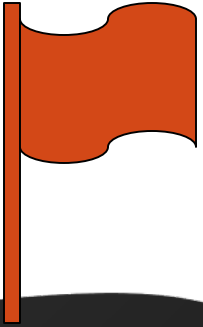
Shared EHR does not solve all the referral/ care coordination problems

- Missing elements:
 - Communication
 - Collaboration
 - A *Patient-centered* approach

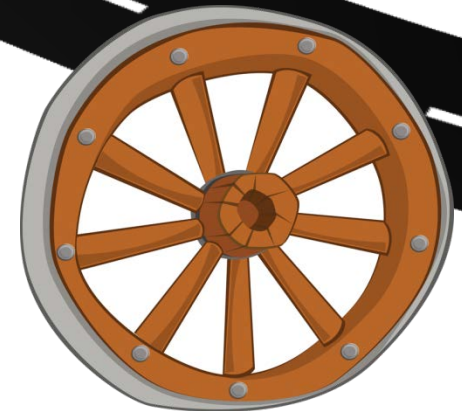
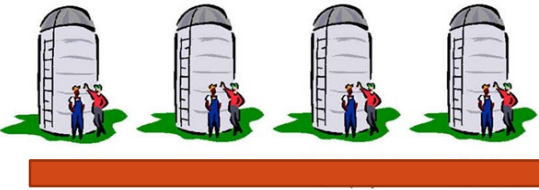
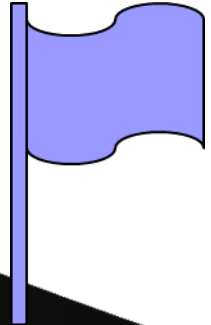




Disconnected Care



Continuous Connected Care



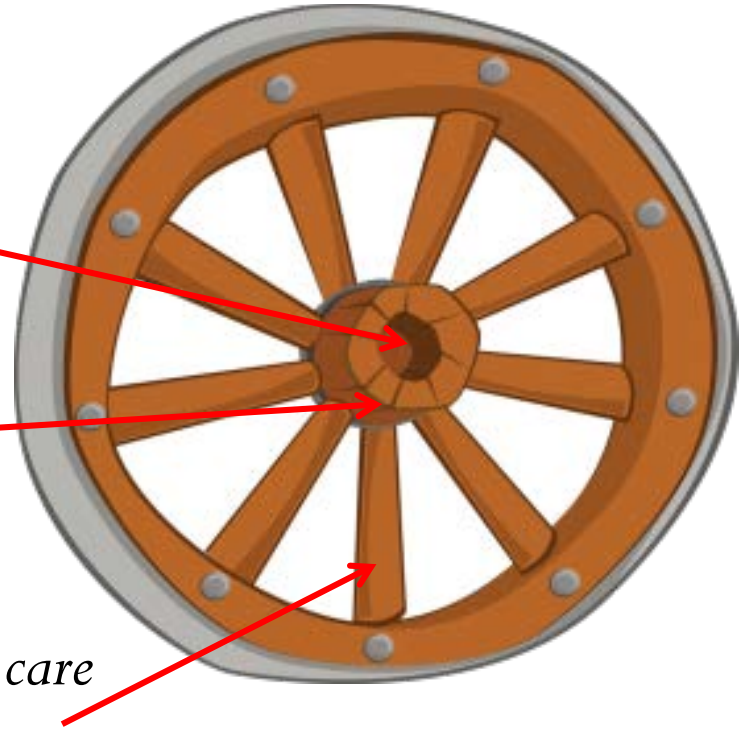
Policy Paper from ACP-CSS Workgroup

Patient-Centered Medical -Neighbor Model

- Proposes a *Framework* for Interactions between clinicians
 - A scaffolding upon which Care Integration and Information Exchange can be built
 - Restore Professional Interactions for Patient Centered Care & Clinician Satisfaction
 - Improve Care Transfers and Transitions to enhance Safety and Stewardship/ reduce wasted resources

Patient-Centered Medical Neighborhood

- *The Patient is in the center*
- *Primary Care is the necessary hub of care*
- *Specialty/ ancillary care is an extension of care*
 - *Helping with care*



Specialty & Ancillary Care provide
an Extension of Care

**The Right Care
at the Right Time
in the Right Place**

How do we make this happen?

Care Coordination Agreements

- Platform that everyone agrees to work from with:
 - Standardized Definitions
 - Agreed upon expectations regarding communication and clinical responsibilities.
- Can be formal or informal ---
- Internal practice policies and procedures aligned to support the agreement

Expectations for High Value Referrals

Referral Request

- *Prepared Patient*
- **Type of referral** requested
- **Clinical question** or reason for referral
- **Core Data Set** (med list, allergies, etc)
- **Pertinent Data set** supporting the referral

Referral Response

- **Answer the clinical question/ address reason for referral**
- Clear indication of
 - **What the specialist is going to do**
 - **What the patient is instructed to do**
 - **What does the referring physician need to do & when**
- What **follow up** is needed and with whom

Pre-consultation (previsit assistance)

(to expedite and prioritize care)

- **Avoid unnecessary specialty visit**
 - Identify inappropriate referral
 - Answer clinical question
- **Referral preparation/ referral guidelines**
 - Ensure appropriate information received
 - Previsit testing or therapeutic trials
 - Utilize providers at the top of their license
- **Expedite care**
 - Urgent cases

Many Benefits of Connecting Care

- Assist the diagnostic process
- Reduce unnecessary testing
- Reduce unnecessary consult / office visits
- Open up clinic spots for sicker patients (access)
 - Reduce harm/ effects of illness
 - Reduce ED and Hospital utilization
- Reduce travel and time off of work
- Enhancement of “learning system”
- Better Care for the Patients
- Enhance relationships and working together
 - Comradery, nurturing, satisfaction & joy
- Creating a “system of care”

The Medical Neighborhood

- Is an *approach* to care coordination
 - It's about *working together* better
 - Promotes *connected care* where ever that care may be needed through
 - *Information sharing*
 - *Communication*
 - *Collaboration*