Essential Aspects of the Referral Change Process

Following the conclusion of the pilot project, PCPI contracted with evaluation experts at The Evaluation Institute, Graduate School of Public Health, University of Pittsburgh, and they were able to identify the essential components of the change process by which referral loops can be closed through review of the project structure and interviews with the participating physicians.

In the current healthcare environment, physicians and practice managers are heavily burdened with reporting requirements. They are often struggling with assimilating information and technology that is new for them. Together, these forces of change are creating huge additional pressures for primary care and specialty practices. If we are to get the buy-in needed to improve the patient referral processes, the intervention must be as simple as possible and, more importantly, fit within the current context of medical care services.

1. **Physician leadership within practice settings**. For change to occur it is essential that physicians commit to addressing referral loop challenges and to communicating with their dyad counterparts. Establishing the Care Compact early in the CRL process may help to demonstrate commitment and create momentum. Physicians also play critical roles in motivating staff and holding staff members accountable, further ensuring that referrals are addressed as clinically appropriate.

2. **Technology.** Electronic health records systems must be finessed so that information is sufficiently and efficiently shared between PCPs and specialists. Depending on the EHR package that is used, this can be accomplished by activating HISPs or, if necessary, by creating alternative processes for peer-to-peer sharing.

3. **Identify staff responsibility for follow through and data collection.** The PCP and specialist must have a staff member on site with responsibility to create workflow change, track data, and champion continued efforts. The actual staff position is likely not as important as having someone in this role with the motivation, designated authority, and commitment to improving quality via outcomes-based care.

4. **Data and Quality Monitoring.** The collection of data for quality monitoring purposes is a key component of the change process. It is only by reminding practices when they are on or off course that any assurance can be obtained that the Closing the Referral Loop process once started will be maintained over time.

   In an interview, one participant shared that improvement was not that difficult*: **"Once we decided to do it, Dr. Smith and I just rolled up our sleeves and made it happen."***

   Another physician noted, ***"The most valuable part of the project was trying to standardize lines of communication. This should be the #1 thing to focus on."***

Patient Engagement in the Referral Process

Improving referral processes within the primary care and specialist physician relationship is only part of the solution to the referral loop issue. Even if each dyad could process referrals as planned every time, patient "no shows" still create the possibility for gaps in referrals. Although the pilot project originally planned to explore patient engagement in depth, the infrastructure changes of the referral management process took priority. Based on the experience of participating physicians and the recommendations of the project evaluators, we offer the following points to improve patient engagement.

- Communication with patients
    - Manage patient language barriers at the specialty office appointment
    - Referral Coordinator manages referrals and makes appointments for patients
    - Specialist scheduling coordinator makes patient aware of appointment and importance of keeping specialist appointment
    - Specialist office calls patient directly to schedule appointment
    - Scheduler calls patient and sets up appointment instead of waiting for patient to call
    - Explore opportunities for health literacy via patient stakeholder representation
- Communication with dyad counterpart
    - Scheduler sends appointment time to primary care physician (PCP office confirms appointment with patient)
    - Scheduler schedules patient appointment and lists it on referral form and faxes to PCP
- Management of "No Shows"
    - Residents contact patients who do not appear for their specialist appointment to find out why they missed their appointment
    - Patient "No shows" reported to specialist
- Closing the Loop
    - After the PCP office gets a referral note, his//her office will call the patient and schedule a return follow-up appointment

We also suggest increasing health literacy opportunities for patients so that they not only understand the importance of following through with specialty referrals but also feel empowered to do so.

There are several excellent health literacy recourses available, including:

Learn about Health Literacy, CDC: http://www.cdc.gov/healthliteracy/learn/ Accessed July 28, 2016.

Quick Guide to Health Literacy: Fact Sheet
https://health.gov/communication/literacy/quickguide/factsbasic.htm Accessed July 28, 2016.

Health Resources and Services Administration: http://www.hrsa.gov/publichealth/healthliteracy/
Accessed July 28, 2016.