Patient Referral System Revamp Improves Hospital Clinics' Workflow and Reputation



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Introduction:

In this day and age, referring your patients to a major medical center shouldn't be anything like sending a message in a bottle, with limited certainty of the recipient's handling or follow-up.

Yet that is in a sense what was happening — with maddening frequency — to providers referring their patients to the clinics of a highly regarded health system. What should be a straightforward hand-off from a provider to a hospital system was often a mishmash of processes with inconsistent results.

Depending on which of the hospital system's clinics received the provider referral, patients might have to wait several days before being contacted for an appointment. Even more concerning, some patients never received any follow-up contact from their clinics, sending patients back to their providers with questions about the original referral. Unfortunately, providers often didn't know what to expect when referring patients to the hospital's clinics.

The hospital system was not intentionally mishandling referrals. The issue stemmed from the lack of a standardized, system-wide process for incoming referrals. The hospital system instead relied on a decentralized

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approach, with each clinic responsible for its own referral traffic. Yet follow-up was inconsistent. The system's provider relationships and revenue stream were on the line.

The hospital system turned to Freed Associates to re-think and revamp its referral system, based on Freed's prior experience at organizing and implementing transformational changes.

Goals:

There were two primary goals that Freed identified in conjunction with the hospital:

1. To improve the hospital system's handling of incoming patient referrals
2. To deploy the hospital's provider portal to better support its referring providers' needs

By addressing these two primary issues, the hospital system believed it would significantly enhance its referral system workflow, improve its relationships with referring providers, and deliver to patients and their families the type of service experience they expected from a top-tier hospital system.

Strategy:

Generally, to determine what is needed for a desired future state, it is necessary to review and assess the current state. That's precisely the initial task that Freed's consultants undertook in conjunction with staff members from the hospital system. Combined, they formed a design team to determine how the current referral system worked (or did not), where and how referral process changes needed to be made, who would be handling them, and what next steps were needed.

After more than 20 meetings, the combined Freed/hospital system team discussed, charted and determined proper referral handling scenarios. They ranged from the seemingly simple, such as a referral to an orthopedic specialist regarding a fractured limb, to the more complicated, like a referral for a patient with multiple complex chronic illnesses. No matter the type or complexity of providers' referrals, the hospital system's clinicians needed to handle them appropriately and consistently.

The hospital had already installed a provider portal — a web-based application for connecting the hospital system to local providers and providing secure access to the hospital system's EMR information. However, the hospital was not maximizing use of the provider portal, compounding its poor service to referring physicians. The Freed team led efforts to improve access to and use of the provider portal in order to enhance the referral system.

Tactics:

Over several months, Freed and the hospital system designed a standardized process for incoming referrals and leveraged the built-in referral benefits of the provider portal module.

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Aiding their efforts, Freed and the hospital system's administrators enjoyed complete support for their referral revamp efforts from the system's C-suite (including the CMO, CIO, and CFO) as well as the vice president of nursing, vice president of ambulatory services, and many other executives. Considering these would be the same individuals charged with championing the updated referral system and ensuring it would be used properly, it was imperative to have their buy-in.

Over several weeks and multiple planning meetings, the combined Freed/hospital team crafted a new referral handling process, and included plans for internal training as well as internal and external marketing. The latter was vital to overcoming providers' prior impressions of the hospital system's handling of patient referrals.

Freed also helped the hospital system better leverage its provider portal module to benefit its referring community providers. This module replaced an antiquated fax-based referral system which required staffers to manually enter referrals into a disparate database. The hospital system's legacy fax-based referrals process was time-consuming, error-prone and a major bottleneck in its handling of incoming referrals.

Results:

Across the board, Freed's referral upgrade efforts were a success to the hospital system's staff and patients. As the new referral system was launched, Freed led efforts to train more than 150 staff members from the system's ambulatory clinics to properly handle referrals using the new process. The system's clinics adopted the new referral system.

Hospital staff members, who had previously faxed referrals using the old fax system, were now using the EHR to manage incoming referrals. This provided the clinics with much quicker access to referrals.

Community providers who opted into the provider portal module to expedite patient referrals were pleased with the significantly positive difference it made in their and their staff members' work lives, as well as the lives of their patients and family members. With the new process and system in place, external providers in the community are now more willing to refer more of their patients to the health system.

The clinics are successfully scheduling more new patient appointments. Patients are seen sooner, leading to increased volume and revenues. The shutdown of the legacy fax system, which halted the duplicate entry of referral data, generated more than $200,000 in net annual savings.

Conclusion:

Transformational changes are difficult; this one was successful due to clearly defined goals and strong collaboration with all involved parties. Provider referrals are now being handled with the degree of professionalism, expediency, and follow-through that patients and their families expect and deserve.

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