5 STEPS TO IMPROVE YOUR PATIENT REFERRAL PROCESSES
As seen in *Becker's Hospital Review*.

As the saying goes, a chain is only as strong as its weakest link.

For hospitals and health care providers, an effective patient referral system is an integral way of ensuring that patients receive optimal care at the right time and at the appropriate level, as well as cementing professional relationships throughout the health care community.

With a focused effort and the right resources, it is possible to create a modern, efficient and timely referral process that enhances office practices and increases patient satisfaction and referral compliance. The route a highly regarded health care system took to overhaul its referral processes offers several lessons that other organizations can heed when confronting a similar need.

**A Common Problem**

The vast majority of health care providers experience some sort of issue with their referral systems, with potentially major ramifications on patient satisfaction, clinical care and outcomes. For example, more than two-thirds (68 percent) of specialists receive no information from primary care physicians (PCPs) prior to referral visits, according to the *Journal of General Internal Medicine*. And incredibly, 40 percent of PCPs do not receive consult reports back from specialists following referrals, according to the *Archives of Internal Medicine*.

Prior to its referral revamp, the health care system’s inbound referral handling was a mess, jeopardizing the organization’s reputation, revenue streams and professional relationships. Referrals were often mishandled or dropped altogether, forcing referring providers, patients or their representatives to intercede and quarterback the referral process themselves.

The health care system’s issues stemmed from a lack of a standardized, enterprise-wide process for handling referrals. The organization relied on a decentralized approach, with each of its individual clinics responsible for its own referral traffic. The health care system needed a better portal to support referring providers’ needs, which would significantly improve the handling of incoming patient referrals.

**5 Steps to Referral Resolution**

Sequentially, here is how the health care system successfully improved its referral system; these same steps can be used by any other health care organization interested in achieving similar gains.

1. **Identify current and desired state** – Before determining what is needed for a desired future state, you need to first review and assess the current state. The health care system created 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.
2. **Chart your desired future course** – Over more than 20 meetings, the design team discussed, charted and determined proper referral handling scenarios. These scenarios ranged from the seemingly simple, such as a referral to an orthopedic specialist for a fractured limb, to the more complicated, such as the referral of a patient with multiple complex chronic illnesses. All possible types of referrals needed to be accounted for, to ensure that they would be handled appropriately and consistently.

3. **Ensure provider portal functionality** – The health care system owned a provider portal module, and was not using it to its fullest capability. Instead, the health care system relied on a fax-based referral system which required staffers to manually re-enter referrals into a separate database. This process was time-consuming, error-prone and a major bottleneck. Instead, the provider portal module offered a web-based application for connecting the health care system to local providers and providing them with secure access to the system’s EMR. The design team ensured that this module would be regularly used in the future.

4. **Create a new standardized process** – Over several months, the design team created a new, standardized process for incoming referrals and leveraged the built-in referral benefits of the provider portal module. Critically, this included plans for internally training more than 150 staff members on this new process, as well as internal and external marketing of the process. The latter was vital to overcoming referring providers’ previous impressions of the health care system mishandling patient referrals.

5. **Gain top-level support** – Owing to the vital clinical and business importance of having a high-performing referral process, the health care system’s revamp efforts were continuously monitored and championed by C-suite executives (including the CMO, CIO, and CFO) as well as the vice president of nursing, vice president of ambulatory services, and many other executives. The buy-in and support of these leaders was important for providing the design team with the resources it needed to successfully create this revamp.

**You Can Too**

While a transformational, enterprise-wide change like a referral revamp can take time and resources to execute, by following the steps listed above, it is possible to see improved referral-handling within just a few months. The return on investment will be tremendous. Patient satisfaction will improve with easier and more efficient access to quality care. And physicians and staff will no longer need to engage in time-consuming and costly rework, data entry and investigations simply to ensure that referrals are correctly processed. A true win/win for all!