Pediatric Success SERIES

Improving Clinical and Financial Outcomes

Part 1: Closing the Loop on Care

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Learning Objectives

- Recognize that providing great care requires more than office visits
- Describe the importance of implementing workflows that are proactive, not just reactive
- Discuss how to implement a complete referral management process
- Review how to implement a comprehensive diagnostic test management process
- Illustrate the importance of an empowered practice team

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Practicing Great Medicine IS Good Business

- Closing Care Gaps
  - Improves quality metrics/P4P
  - Adds additional revenue
- Managing the referral loop
  - Is essential for care coordination
  - Improves understanding of total cost of care
- Managing diagnostic test status
  - Ensures patients follow through with agreed treatment plans
  - Emphasizes to your patients/families that you care about them
  - Reduces delays in diagnosis and appropriate care
  - Can improve total cost of care avoiding unnecessary outside care

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Total Cost of Care: What's the Big Deal?

- Payers are collecting data on your patient population and how much they cost seeking care wherever they go in the healthcare system
- Payers are using this information to decide who to incentivize/keep in network and who to drop
- We should be spending healthcare $$$ as if they were our own money
- Do you know how much the labs/specialists you refer to contribute to the total cost of care?

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Changing Your Care Lens to a Higher Plane

- There is so much to do when patients are in front of you, it’s easy to forget about the patients you can’t see
- What about the 3-week old with a murmur who never made it to the cardiologist you referred them to?
  - Do they end up in the ER in extreme heart failure?
- What about the patient with abdominal pain who never had their labs done?
  - Do they end up in the ER with a Hgb of 6 with a significant Inflammatory Bowel Disease flare?

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Managing Your Patients is a TEAM Sport!

- Not all of the proactive follow up needs to be done by the clinician who orders the treatment plan
- In order to fully manage patient care it takes:
  - People
  - Processes (and backup processes)
  - Technology
- If it’s important enough for you to add to their treatment plan, it’s important enough to make sure there is follow through!

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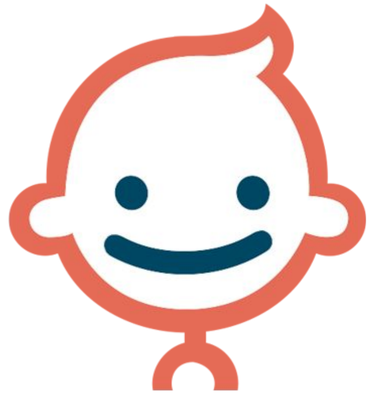
Referrals



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The Referral Process

- Step 1: referral decision making
  - Does this patient need care that is outside my expertise?
  - Do I refer to a specific group or give patients a choice?
  - What about the patient who wants to self-refer?
- Step 2: begin care coordination
  - Track the referral
  - Assess specialty access to care (set expectations)
  - Provide the patient and specialist appropriate clinical information

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Why Track Referrals?

- How many of your patients actually go for recommended care?
  - For those that don’t go, do you know why?
- How often do you get a report back from the specialist?
- How often do your patients follow through with specialist recommendations?
  - Do they understand the recommendations?
  - Are there barriers to follow through (e.g., scheduling, insurance coverage, inconvenience, not understanding importance)?
- Do you agree with the treatment regimens your specialist referrals are making?
  - Are they “taking over care?”
  - Are they recommending high cost procedures and medications?

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Decision to Refer

Care Coordination Step 1:
Enter Referral Tracking Process to Make Sure Patient Visits Specialist

Care Coordination Step 2:
Information Transfer to Specialist:
-Reason for referral
-Evaluation pertinent labs to date, growth charts, etc

Specialist Visit

Care Coordination Step 3:
Specialist Transfer of Information to PCP regarding additional testing and plan of care

Care Coordination Step 4:
-Information reconciliation
-Care integration:
--Integrate plan of treatment
--Clarify who is responsible for ongoing care (PCP, specialist, shared?)
--Discuss with patient/family to gain shared understanding and acceptance of new plan

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Implementing a Referral Management Process

- Agreement from providers on what is kept in the medical home vs what is sent out (can vary in same practice ***5 fold***)
  - Creates uniform expectations from families
  - Creates uniform expectations from your practice team
  - Less opportunity for mistakes/unclosed gaps
  - Utilize subject matter expertise within your office team
- Maintain a repository of frequently used specialists
- Commit to effective communication with families
  - Importance and reason for referral and level of urgency
  - Reasonable expectations of “how long” OK to wait for an appointment
  - Consider “warm hand off”

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Information Transfer to Specialist

- Content
  - Reason for referral
  - Evaluation to date including pertinent notes, labs, growth charts, etc.
- Manner: no wrong door to having the right information
  - Direct message with CDA and other documentation
  - Fax to specialist
  - Give family a physical copy
  - Portal access
- Timeliness
  - Ensures highest potential for great care
  - Prevents frustration from viewpoint of specialist and patient/family

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Referral Tracking

- Set tracking date on when you expect to get a report back from the specialist
- Consider a marker to track “critical” referrals
- Have an “owner” for referral tracking
  - Give them adequate protected time to do this important work
  - Run reports to identify outstanding referrals which are past their flag date
  - Affirm with the family the specialist appointment occurred (including date) and get preliminary information
  - Have methods to reach out to specialists (fax, phone, emails) to obtain reports with an escalation process

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Information Reconciliation

- Whose responsibility?
  - Can use clinical care team
  - Ultimately is responsibility of referring clinician (or coverage)
- How does this information get to you?
  - Paper
  - Fax
  - Direct messaging with CDAs
- Update EHR chart/records
  - Avoid duplication
  - Harmonize reconciled data (abdominal pain on problem list replaced by celiac disease, asthma severity updated)

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Care Integration

- Add medications as reference information
- Add outside tests/labs as reference information
- Add specialist to patient's care network/team
- Look for duplication of instructions or medications
- Look for inconsistencies between your treatment recommendations and those from the specialist
- Look for specialist follow up expectations
- Clarify any complex or confusing questions with family
  - Who: care coordinator? referring clinician?
  - How: phone call? portal message?

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Evaluating Specialists

- Are reports timely and informative?
- Is the care reasonable and following evidence-based guidelines?
- Is the care cost effective?
- Was the family satisfied with the care?
  - Consider a post-referral family survey:
    - From 1-5 how easy was it to make an appointment?
    - From 1-5 how well did the office team treat you with professionalism and kindness?
    - From 1-5 how well did the provider you saw treat you with professionalism and answer your questions?
    - How likely would you be to recommend this specialist to a friend?

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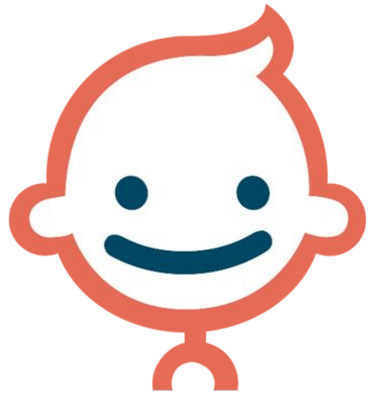
Diagnostic Tests



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Decision to Order Test

Care Coordination Step 1:
-Enter test **Tracking Process** to make sure patient gets the test done
-Document why the test is being done to ensure appropriate follow-up

Test Performed

Care Coordination Step 2:
Test results reviewed by clinical team

Care Coordination Step 3:
-Results shared with patient/family
-Treatment plan updated, documented & communicated

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Making the Decision to Order Test(s)

- Is this part of routine screening?
- Is this needed to arrive at a diagnosis?
- Is this needed as part of chronic care management or acute follow-up?
- What about the patient who wants tests that you don’t feel are needed?
- Where is the best place to have the test performed? (consider cost/convenience)
  - Point of care
  - Phlebotomy in house?
  - Pediatric expertise needed?
  - Facility fee
- Make sure patient/family understands importance and timing

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Care Coordination Step 1: Tracking Orders/Results

- If it's important enough to order, it should be important enough to track
- Document for your team why you are ordering and next steps
- Set an appropriate flag date (and communicate expectation w/family)
- When the result isn't back in expected time
  - Reach out to patient/family to find out if/when performed
  - If not done, inquire why (got better, too expensive, not sure why it was ordered in the first place)
  - If important (may need to check with notes/ordering clinician), reiterate the why and expected timeframe for results
  - Document touchpoint in medical record
  - Reset flag date

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Care Coordination Step 1: Tracking Orders/Results

- When the result is not back in expected time
  - If family confirms completed but you don’t have results
  - Reach out to testing site and get expedited results
  - Perform root cause analysis of why you didn’t receive it?
    - Went to PCP’s prior address (lab has outdated info?)
    - Technology gap or failure
    - Practice process gap or weakness

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Care Coordination Step 2: Processing Results

- Document your process the way it is today
  - Likely get results from different sources
    - Fax
    - Lab result integration
    - Integrated messaging (Direct Messaging, HIE, etc.)
    - Mail
  - Can start with a clinical team member
    - Can process normal and abnormal labs differently
  - Ideally should involve ordering provider reviewing results (may alter plan of care)
  - Must have a provision for out-of-office clinicians
- Identify gaps in your process
- Use a ***team*** to improve workflows

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Care Coordination Step 3:

- Sharing results with patients/families
  - Set appropriate expectations
  - Be mindful of 21st Century Cures Act
- Update your plan of care
  - If covering for out-of-office clinician, make sure there is a clearly identified hand-off and communication process
  - Document so your clinical team understands next steps
  - Make sure you communicate to the family changes in treatment plan, implications of test results, next steps and make sure they understand and are in agreement

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But Where Do I Start?

- Know where you are starting from
  - Do you know how to tell how many outstanding referrals and labs you have?
- Is there a way to “clear the decks” for all referrals or labs that are more than x months old?
  - You will never stick with a process if it feels impossible to succeed
- Create a ***team*** to crowdsource your office workflow
- First document what you are doing currently (may need to ask different team members)
- Next document your idea workflow
- Create a plan to get from current to ideal

Empowering the Team

- Get buy-in for your agreed upon workflows
- Identify any “outliers” and agree on consistent ways to document and communicate: consistency is important for outcomes
- Consider streamlining/simplifying workflows
  - The more handoffs, the more likely steps are missed or information gets “lost”
- ***Post*** your workflows
- Make sure you have “coverage” for vacations, days off, etc.
- Monitor how you are doing and report back to the team
- Work out barriers together: anyone can propose an idea
- Make this a continuous QI project

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Resources

- Mehrotra A, Forrest CB, Lin CY. Dropping the baton: specialty referrals in the United States. Milbank Q. 2011;89(1):39-68. doi:10.1111/j.1468-0009.2011.00619.x
- Washington AAP, Closing the Loop: Successful Referrals
- PCPI & Wright Center, Closing the Referral Loop Toolkit
- Partnership for Health IT Patient Safety, Health IT Safe Practices for Closing the Loop
- Tracking patient follow up and diagnostic test results, Texas Medical Liability Trust (includes link to CME)
- Four Principles for Better Test-Result Tracking, Fam Pract Manag. 2002 Jul-Aug;9(7):41-44.

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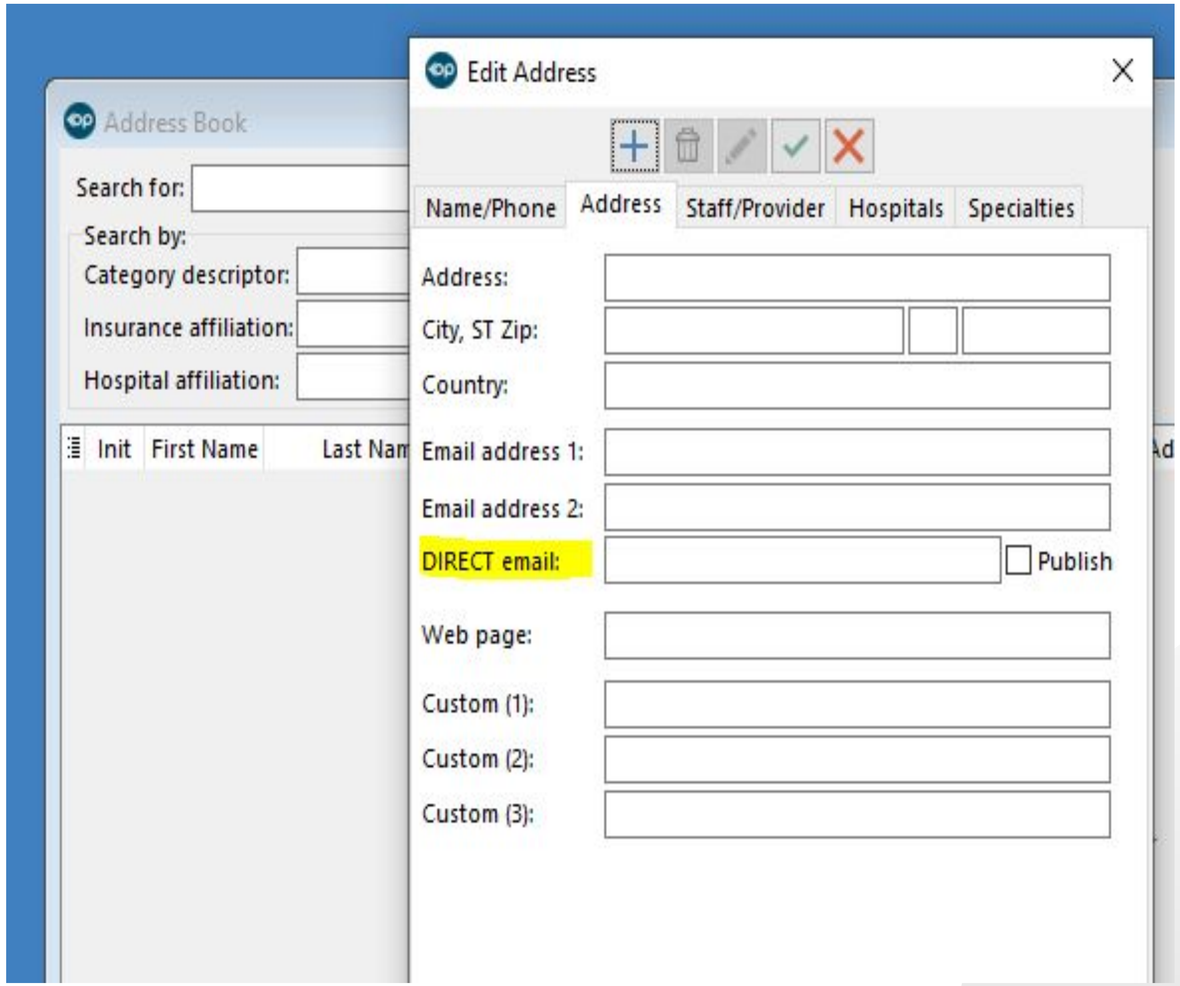
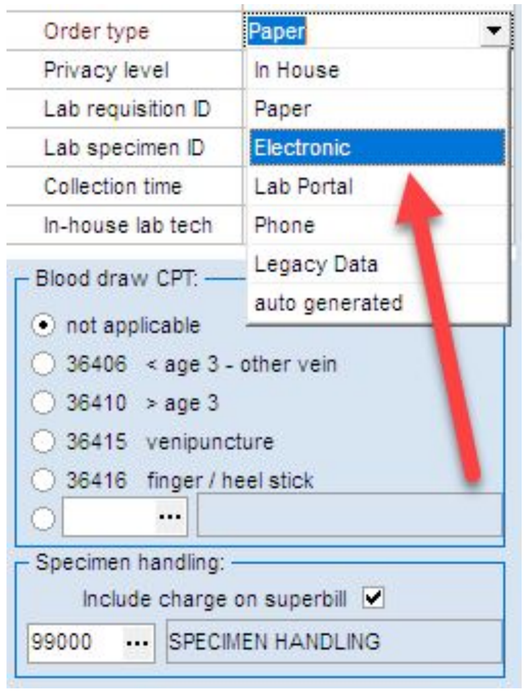
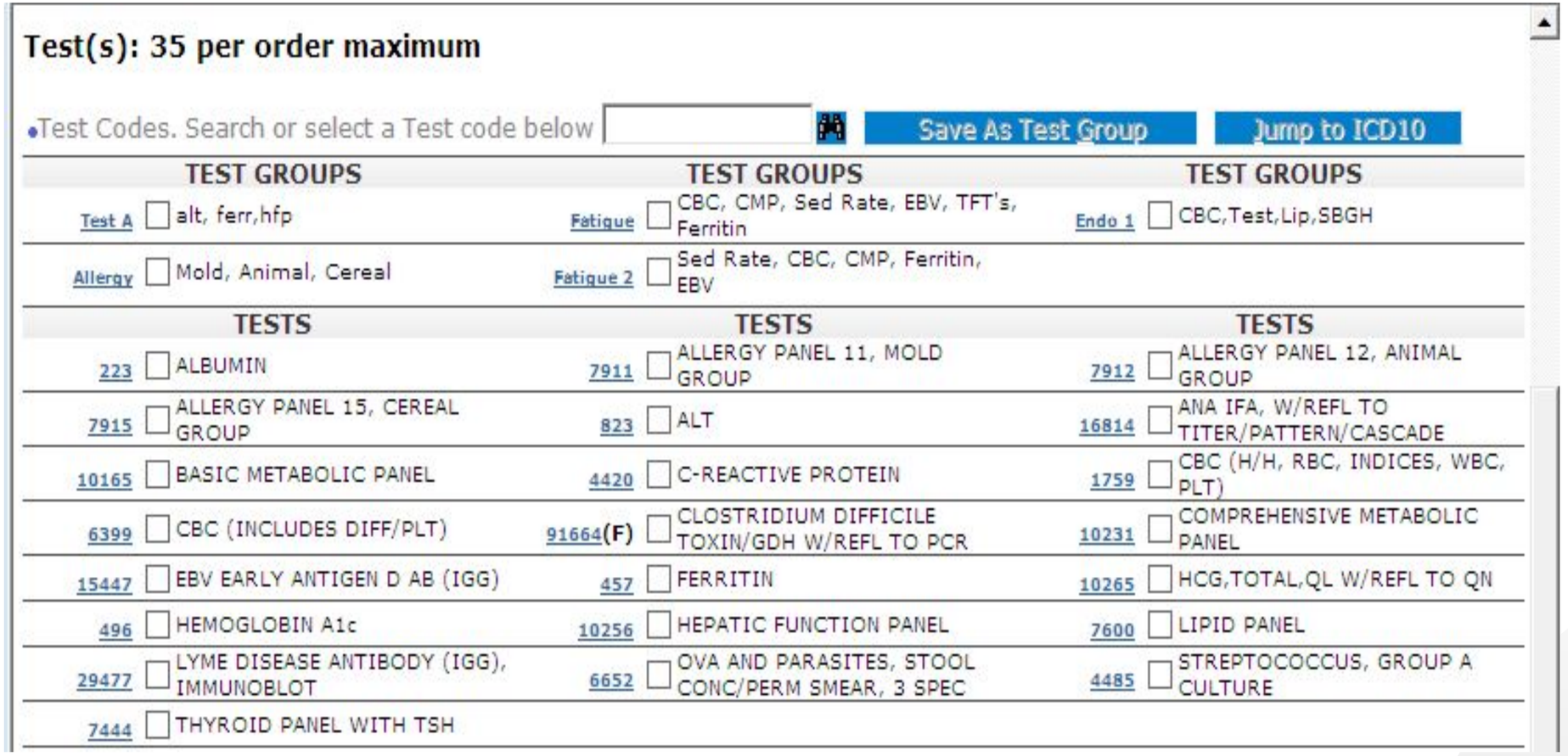


eLab Overview - Diagnostic Tests





Thank you!