Delay in Specialty Care Referrals: A Root Cause Analysis and Development of a Model Referral Management Ecosystem to Improve the Referral Process

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As part of the Texas 1115 Transformation Waiver, the University of Texas Health Science Center at Tyler (UTHSCT) submitted, and was approved, to implement a Specialty Care project focusing on improving access to specialty care.

One important metric for the project is to reduce the time it takes for referrals to be processed to provide timely specialty care.
Specialty Care Issues

- Referral orders are missed.
- Human dependent tasks.
- Takes longer time to create referral appointments.
- Physician Availability Issues (especially those that can take Medicaid patients).
- Non Standardized Policies and Procedures.
Objectives

There are two objectives for the process improvement

– To understand the causes for missed specialty referrals

– Use the results to redesign the referral process through a systems engineering approach.
Methods

The guideline followed for root cause analysis was adapted from the Massachusetts Medical Society content on root cause analysis is as follows:

• Describe the event
• Identify the proximate causes that led to the event
• Identify the contributing factors that led to the proximate causes
• Create an action plan
Event

• A Patient who had severe inflammations (Physician description) should have got immediate/appropriate care, but our institution’s non-standardized approach of doing referrals, forced her to go to an ER as her condition worsened.

• To understand the failure of the referral process we conducted a root cause analysis (RCA).
Proximate Causes

• Internal referrals are not scheduled appropriately during patient check out.

• Appointments for referrals are delayed due to inconsistent approaches followed by both the physician and clerks.
Contributing Factors to Proximate Causes

Communication
- No communication between the Clerk and Patient
  - No communication between Nurse and Clerk on appointment followup
- All clerks not trained to manage referrals
- There is only clerk trained to manage referrals
- Physicians even though trained, sometimes don’t put order on time

Training
- All referrals managed by one clerk
- Procedure for internal referrals is confusing
- Clerks use their own methods to schedule appointment, lack of training on which is the correct way
- Lack of teamwork skills

Scheduling / Fatigue
- For clerks check in/check out first priority, referrals only after that
- Clerks lack familiarity with medical terminology

Environment
- Lack of effective system performance

Delay in making the Referral Appointment
Conclusions

• We found that the communication in the current internal referral process from primary care to specialty clinics is complex and vulnerable to breakdown at many points in the process, which results in a high turnaround time and even missed referrals.

• In order to work effectively the communication channels depend on three important parameters:
  – Procedures
  – People
  – Systems

• Non-linearity existed due to inconsistencies with respect to procedures, people and systems, thereby responsible for an ineffective referral management system.
Action Plan

• New Referral Eco System

• Value Engineering Approach to Workflow redesign (4 step process)

• Balanced Score Card Approach
Referral Ecosystem
Immediate Workflow

1. Crucial step

Referral made by Physician when Patient is in clinic

Order Entry Delay

Check Out Clerk

Appointment booked when the patients checks out

Patient attends appointment with Specialist

Execution time delays

2. Staff consistency and training with standard process

QUEUE Buildup
Process Redesign

- Implement LSS Referral Worklist
  - Create standard work procedures
- Remove print feature from LSS referral orders
- Implement “Check-out” reminders
- Visual management sheets to indicate actions by staff
Value Engineering - Implementation

- Basic (0-3 Months)
- Enhanced (3-6 Months)
- Flexible (6-9 Months)
- Optimal (9-12 Months)
Referral made by physician

Referral process standardized and create an operating procedure even for exceptions like surgery where medical records need to be reviewed before appointment is scheduled

Referral Appointment booked
Enhanced

Referral made by physician

Referral process standardized and create an operating procedure even for exceptions like surgery where medical records need to be reviewed before appointment is scheduled

Train Clerks on how to manage referrals as per the new procedures/work balancing

Referral Appointment booked
Referral made by physician

Referral process standardized and create a operating procedure even for exceptions like surgery where medical records need to be reviewed before appointment is scheduled

Train Clerks on how to manage referrals as per the new procedures /work balancing

New integrated system that will eliminate the paper approach

Referral Appointment booked
Internal Referral Solution that can be arrived with Value Engineering Process

• When a patient sees a primary care physician, during check out when there is a need for an UTHSCT specialist the patient should check out with a specialist appointment.

• When a patient sees a Specialist, during check out when there is a need for an UTHSCT sub-specialist the patient should check out with a sub-specialist appointment.
Tracking the Improvements

Balance Score Card

Referral Ecosystem Strategy

Financial

Patient

Internal Operations

Learning & Growth
Balance Score Card-Referral Process

- Balanced scorecard is a management system that enables to set, track, and achieve key business objectives. After business strategies are developed they are deployed and tracked through four main factors:
  - **Patient Aspect** – How quickly appointments were scheduled
  - **Financial Aspect** – Revenue generated by fulfilling referrals
  - **Internal Operations Aspect** – Percentage of referrals that are made during checkout
  - **Learning & Growth Aspect** – Care team (Physician, Nurse & Patient access) applying CQI principles to make the process more efficient
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<th>Incoming Internal Referrals</th>
<th>PAR Assigned</th>
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OUT: Stacey till 1:00 p.m.

OTHER:
Communication
Accountability/active daily management
Balance Workload
Standard Work
THANK YOU