“Closing the Referral Loop”
to Coordinate Patient Centered Care

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WCGME’s- Cardiology Fellowship

- GME Consortium with multi-source federal GME funding
- 4 participating Northeast PA hospitals in a dually accredited ACGME/AOA Cardiology Fellowship
  - Geisinger Community Medical Center
  - Geisinger Wyoming Valley
  - Regional Hospital, Community Health Systems
  - Veterans Affairs Hospital, Wilkes Barre
- 8 Accredited and funded Cardiology Fellowship positions
- Ambulatory training in 2 community based office venues
North Penn Cardiovascular Specialists

• 2 Practice Sites
• 2 Physician FTEs
• 5,000 active Patients
• EMR Medent is MU certified
• Type of Practice:
  ▫ Community based
  ▫ Adult patients (18 years of age and over)
  ▫ Multiracial and multiethnic
Topics for Discussion

• Status of Practice Transformation in Specialty practice
• CRL Change strategies implemented/role of EHR
• Role of referral coordinator and/or staff
• Key learnings/barriers for specialty care engagement in CRL
• Enhancing and formalizing relationships/communication between primary care and specialty care physicians and offices
Status of Specialty Practice Transformation

- Major incentives and innovations in primary care acknowledged
- Similar extent of transformation hasn’t yet been catalyzed in specialty practice
- EMR MU has driven integration of health information technology but without a strategic workflow redesign
- Organized platforms to implement planned care at the individual patient and population management levels like the Patient Centered Medical Home (PCMH) in primary care has lagged behind in the specialty realm
- The Medical Villages concept offers promise but will need PCMH support
- Volume based payment still drives specialty culture
- Stress from payment cuts is high making it difficult to see the forest through the trees
CRL Change Strategies Implemented

Role of Electronic Health Record
CRL Incentives and Goals for Specialist

Motivation to Engage:
• Primary Care expressed expectations can generate specialty physician focus
• Patients obviously expect better care coordination
• The CRL project makes sense and is a gateway to begin practice redesign and population management reporting
• Providers and organizations involved in education have obligation to engage in innovations to better prepare our future workforce

Goals:
• Organizing incoming referrals by their PC prioritized importance
  ▫ Urgent vs. Priority vs. Routine
• Identify “Clinical Question” asked by the PCP
• Electronically communicate date of appointment or the date of contact
• Electronically send the note with answer to the “Clinical Question”
EMR Barriers on the Specialist Side

- EMR functionality and utility can be challenging, needs time and financial investment, champion physician expertise, as well as staff buy-in and development
- EMRs do not come with “Out-Of-The-Box Connectivity Module” and specialty referral base is often diverse primary care providers with diverse EMRs
- The Communication Bridge / Super Highway, a Health Information Services Provider (HISP), is the Key to Successfully accomplish any of the above mentioned goals
Health Information Services Provider (HISP)

- Organization that manages security and transport/exchange of health information
- Uses **Direct Standards** for transport and management
- **NOT** regulated by federal EMR Meaningful Use certification rules
- DirectTrust is a private, non-profit organization that offers voluntarily accreditation of HISPs, working closely with the ONC
- Examples of HISPs include: eClinicalWorks, Surescripts, eLINC, Allscripts/MedAllies, Athenahealth, Wellport/Alere etc.
Surescripts HISP in CRL

- Surescripts was the predominant available HISP based on EMR vendors’ offering of medication management repository infrastructure
- Developing end-to-end primary care and specialty office connectivity through Surescripts was a Key change implemented for CRL
- Staff can communicate between primary care and specialty offices via Direct Messaging in real time
- Direct Messaging enhances timely communication and reduces overhead, bringing undeniable value that engages everyone once they understand
Surescripts-Based Direct Messaging

![Direct Messaging Message Example]

**User:** DIRECT,N2N  
**Status:** Closed  
**Reason:** DIRECTIN  
**Rating:** 1 Normal

**Direct Message From Pancholy, Samir B**

02/05/15 (Thu Feb 5) 01:13 PM  Direct Message

CARDIOLOGY CONSULT - Pancholy,

Received From: SPANCHOLY@N ORTHPENNCARDIOVASCULAR.medentdirect.com

Message ID: 6f2c0ace-11d1-45f6-b690-dc17215e4e35

**Subject:** Direct Message From Pancholy, Samir B

You have received a new message from Pancholy, Samir B.

Reply to SPANCHOLY@NORTHPE NNCARDIOVASCULAR.medentdirect.com

02/05/15 (Thu Feb 5) 01:17 PM  Lisa Barrett Closed
In-Coming Primary Care Referral Document

• Identifies the following key information:
  ▫ Dyad physicians (PCP and Specialist)
  ▫ Linked Clinical Question document
  ▫ Received referral date

• Time Stratified Referral (flagged by PCP’s office)
  ▫ Urgent vs. Priority vs. Routine as defined by Care Agreement
  ▫ Allows timely offering of appointment
  ▫ Never eliminates the provider to provider phone call for urgent and complicated referrals
Specialty Reporting Requirements

- We needed to extract the following reports:
  - Time from referral received to secured appointment date
  - Time from appointment to referral note sent
- Our EMR vendor collaborates very well with TWC and was very responsive creating these reports for us once TWC helped us construct the specific request.
Clinical Question Process

- PCP creates Clinical Question Document (CQD) identifying the specific question that needs to be addressed by the specialist
- Specialist office flags the Clinical Question Document to be reviewed on the date of appointment to alert the Specialty provider
- Specialist answers the question in his Progress/Office note and attaches this note to the original referral in the trackable data field
Dear Dr. Pancholy,

After your visit with Annie, I would appreciate your input on the following questions I had:

1. What types of anti-coagulation would you deem appropriate for this patient's AFib?

Thank you,

SHETH, JIGNESH M.D.

**PCP USE ONLY**

Was your clinical question answered?  □ Yes  □ No

**PCP OFFICE USE ONLY**

Was the patient survey completed?  □ Yes  □ No
Role of Referral Coordinator/Staff

Referred to as Data Department on the following slide
Referral Process

PCP Visit
- Create referral
- Add Clinical Question

Specialist Review
- Answer Clinical Question
- Create a Note

Data Dept
- Attach reqd Info
- eFax the referral

Data Dept
- Receive referral and make appnt
- Inform PCP office of Appnt Date

Data Dept
- Send the note to PCP

Data Dept
- Attach note
- Close referral

Role of Referral Coordinator
Key Lessons Learned

For Specialty Care
CRL Lessons Learned

• Early engagement in the process with identification of day-to-day office contact and specialty physician champion is extremely important
• The value proposition needs to be concretely explained with sensitivity to the specialty frame of reference
• Value propositions emphasizing reduction of unnecessary testing and hospitalizations need to be respectful of specialty sensitivity to the current volume based payment debacle. Trust of the primary care referral base and longstanding collegial relationships should be leveraged and nurtured.
• Collaborative Care Compacts with PCPs for time stratified referral type definitions, mutual shared care and communication expectations are crucial
• All physicians will reliably rally for patients, each other and to do the right thing
Lessons Learned - Culture Change

• Unifying Primary Care and Specialty physician led efforts to promote the Quadruple Aim of better care, better health, affordability and enhanced care experience will determine success of our national health care delivery transformation.

• Specialists need guided engagement and coaching to 21st century practice. Leveraging the already advanced PCMH transformation of Primary Care to ignite practice transformation in Specialty Care is crucial.

• Building a culture of Continuous Quality Improvement and focus on collaborative and coordinated patient care and population management are key
Challenges/Barriers for Dyads

Top Challenges for Specialty Care
Challenges and Barriers

- EMR connectivity and electronic communication brings new challenges
- Lack of clear understanding of EMR features and functionality limits utility
- Culture of Continuous Quality Improvement and workflow redesign is new to Specialty Care and needs more focused attention and fuel
- Lack of population management skills within the Specialty office prevents the use of incredible features hidden in EMRs, despite MU Standards
- Mechanisms to address accuracy and timeliness of data and ignite PDSA testing need to be ignited
Challenges and Barriers

- Lack of electronic linkages between EMRs prevents effortless identification of the Clinical Question and automated routing of specialist/PCP documentation.
- Patient “No Shows” and management of language and health literacy barriers challenge the specialty office.
- Delaying value based payment reform continues to drive divergent, volume based incentives, especially in the Specialty Care world.
- Constant threats of payment cuts continue to be divisive amongst the medical profession.
- Hospital centric investments may worsen the problems.
Enhanced Primary and Specialty Care Relationships/Communication

Role of Formal Care Compacts
Role of Care Compacts

• Enhanced relationships and communication between Primary and Specialty Care providers are essential elements of advocacy for high quality, safe, effective and coordinated patient centered care.

• Formal Care Compacts delineate the role and responsibilities and mutual expectations of providers. They make a “Hero” unnecessary.

• Effective Care Coordination requires Primary and Specialty Care Providers’:
  ▫ Recognition of personal and system interdependence
  ▫ Willingness to formalize their mutual expectations in Care Compacts
  ▫ Collective commitment to timely, bi-directional, meaningful information exchange
  ▫ Collaborative engagement in Shared Decision-Making with patients
Thank You