eReferral

eReferral Implementation Handbook

March 2014

eReferral

What is eReferral?

A web-based referral and consultation system.

- Integrated with EMR, with auto-population of relevant EMR data
- Referring providers enter free text referral questions
- Mandatory use for enrolled specialty clinics

A new model for primary care-specialty care collaboration.

- Individualized review and response to each referral by a designated specialist clinician (MD or NP)
- Iterative communication between referring and reviewing clinicians until the patient's issue is addressed, with or without a specialty visit
- Focus on supporting the primary care medical home in providing care for a broader range of clinical conditions and reducing the need for coordinating care plans with multiple external providers

A tool that allows specialist reviewers to:

- Redirect referrals to the most appropriate service
- Clarify the consultative question or request additional information from the referring provider
- Expedite specialty clinic appointments if clinically warranted
- Provide pre-consultative guidance regarding additional diagnostic evaluation or initial management advice
- Engage in longitudinal virtual co-management

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eReferral Background

The rate of ambulatory referrals has nearly doubled over the course of a decade, with specialty visits now accounting for more than half of all ambulatory physician visits in the United States. In the safety net, these trends are exacerbated by a dearth of specialists who are willing to see uninsured and Medicaid patients, resulting in a severe mismatch between supply of and demand for specialty services. Compounding this crisis are inefficient referral processes notable for poor or absent communication between referring and specialty providers, and a lack of pre-consultative guidance for primary care providers. As a result, access to specialty care has arguably become one of the most pressing issues for safety net providers and patients across the country.

The San Francisco safety net is no exception. San Francisco General Hospital (SFGH), through a partnership with the University of California, San Francisco (UCSF), serves as the primary provider of specialty care for the city's uninsured as well as many of its Medicaid and Medicare patients. Prior to eReferral, the wait time for some routine specialty appointments was as long as 11 months.

If a referring provider wanted to expedite her patient's appointment, she had to try to reach (call, email, page) and convince a specialist of the urgency of the request. There was no equitable mechanism for specialists to triage urgent cases, as they only heard about patients when the referring provider made an extra effort to contact them.

When the patient did present for care, the specialist would often find that the initial evaluation was either incomplete or had not been forwarded, or that the consultative question was unclear. Sometimes the referral was unnecessary. Less frequently, but more concerning, the specialist might find that the patient's case was urgent and should have been seen earlier. The system was frustrating to primary care providers, specialists, and patients alike.

In response, SFGH developed eReferral, an integrated electronic referral and consultation system now used by over 40 services at SFGH and Laguna Honda Hospital, the skilled nursing and rehabilitation center operated by the San Francisco Department of Public Health.

eReferral Overview

eReferral relies on a homegrown, web-based, HIPAA-compliant electronic application that is tightly integrated with the hospital's existing electronic medical record (EMR).

Anyone who has access to the hospital EMR can use the eReferral system to submit a new referral, but all referrals must have a referring provider (MD, NP, PA, etc). Any referral made by a trainee must indicate an attending physician.

To **initiate** a new referral, the referring provider enters the patient's medical record and chooses the desired service. Patient demographics, referring provider contact information, primary care provider (PCP) contact information (if different from the referring provider), and service-specific laboratory and diagnostic studies performed at SFGH are automatically populated onto the electronic referral form. The reason for consultation is entered as free text along with relevant history and exam findings. Some services require responses to structured questions. There is an area for referring providers to relay ancillary information such as interpreter needs, scheduling constraints, and requests for a specific specialist. Once submitted, the referral goes to the specialty service's electronic queue (Consultant Worklist) for review.

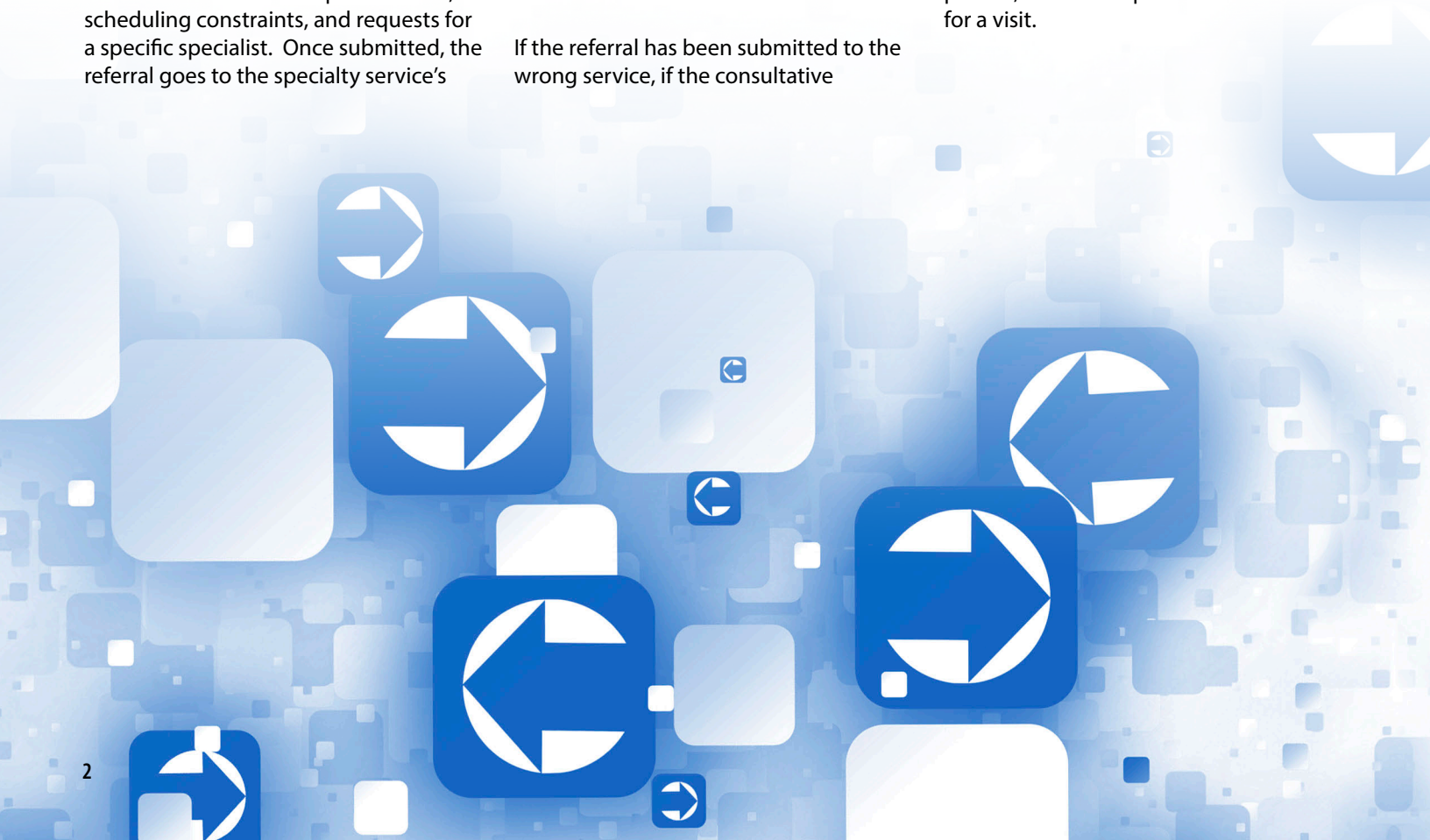
Every service has a designated specialist clinician or group of clinicians who is expected to **review and respond** to each referral within three business days. The specialist reviewer can use the system to schedule a routine or expedited clinic visit, recommend additional diagnostic evaluation prior to scheduling a clinic visit, ask for clarification or additional information, or provide education and management strategies.

If the specialist reviewer **schedules** the patient for a visit, the referral goes to the specialty service's electronic scheduling queue (Scheduler's Worklist). The specialist reviewer can request the next available appointment, or can give additional instructions requesting a specific date or provider for the patient. When the appointment is scheduled, an automated email is sent notifying the referring provider and PCP (if different from the referring provider) of the specialty service appointment date and time.

If the referral has been submitted to the wrong service, if the consultative question is not clear, if the history or initial diagnostic evaluation is incomplete, or if the specialist reviewer feels that the case is appropriate for virtual co-management, the reviewer **does not schedule** the patient. Instead, the specialist reviewer responds using the eReferral system. This triggers an automated email to the referring provider instructing him or her to check the specialist reviewer's response.

The referring provider and specialist reviewer can communicate via eReferral in an iterative fashion until the patient's issue is addressed, with or without a clinic visit. If no appointment is scheduled, the referral remains open to allow for additional exchanges. If there has been no communication for a six-month period, the referral is closed.

All exchanges are captured in real time in the EMR with the date, time, and name of the providers involved. eReferrals are available not only to the referring provider and the specialist reviewer, but also to anyone with access to the EMR, including the specialist who sees the patient, should the patient be scheduled for a visit.



Implementation Process

Primary care clinics that refer to SFGH are given access to the hospital EMR and must agree to use the eReferral system. This includes submitting referrals electronically for SFGH eReferral clinics, communicating in a timely manner with specialist reviewers, and engaging in virtual co-management when appropriate. Before a primary care clinic begins using the system, the eReferral team conducts an on-site demonstration of the program with a Q&A session for staff and providers.

Each specialty service that expresses an interest in implementing eReferral must identify **specialist clinician reviewers** who agree to review and respond to each referral within three business days. To minimize variation in clinical recommendations, each service ideally has no more than one or two designated reviewers who must be:

- a licensed independent practitioner,
- experienced in and knowledgeable about the broad range of conditions that are routinely referred to the specialty service,
- familiar with the SFGH specialty service's clinical operations through regular patient care in that clinic or service,
- based at SFGH for at least one year (i.e. rotating residents and fellows are not eligible to serve as reviewers), and
- collaborative in approach, with excellent communication skills.

Nurse practitioners who serve as reviewers have a designated attending physician who serves as the supervising physician. In our system, most medical specialties have physician reviewers while most surgical specialties have nurse practitioner reviewers.

Each specialty service must also identify designated **clerical staff** who are responsible for scheduling new patient appointments. These staff must have facility with the EMR and its scheduling modules, understand the eReferral process, and have an efficient mechanism for contacting the specialist reviewer for questions and clarification when needed. In our system, each service's Nurse Manager selects the clerical staff who are trained by the eReferral team.

The eReferral team works with the specialty service – typically the lead specialist reviewer – to develop **key content** for the service's eReferral web site, including appropriate screening questions, general referral guidelines, clinical guidelines, and required referral data elements.

At least one week prior to the service's conversion to eReferral, an email **notification** is sent to all providers in our system announcing that after the start date, all paper and fax referrals to the service will be returned to the referring provider and should be resubmitted as an eReferral.

Prior to the initiation of eReferral, the clerical staff receive **training** on how to use the eReferral system. Immediately after the specialty service begins using eReferral, the specialist reviewers meet with the eReferral team to troubleshoot any problems that arise and receive tips for providing efficient and high quality responses. The clerical staff also meet with the eReferral team to address any questions or problems they have encountered.

Once a service is using eReferral, the eReferral team **collects and shares data** with the service on the timeliness of reviewer response, volume and disposition of referrals, as well as feedback on the quality of specialist reviewer responses obtained through a bidirectional rating system.

Programmatic Support

Medical directorship is essential for engaging primary care providers and specialist reviewers. This is particularly important during implementation, for conflict resolution, and to address services or clinics that are poorly rated. In addition, clinical oversight of content is valuable to ensure adherence to evidence-based guidelines and to balance the perspectives and needs of primary and specialty care.

Program management is necessary for smooth functioning of the system. The program manager is responsible for managing the implementation process for new services as well as serving as the front-line responder for any problems with the system, holding specialist reviewers accountable for timely responses, providing ad hoc trainings, and managing data reports.

IT support is critical for maintaining the system, for supporting new services, and for implementing changes that improve functionality.

Data analytics are vital for tracking the performance of the system and to identify areas for improvement. Metrics such as volume, time spent reviewing, and quality of specialist responses are key to developing fair compensation structures for specialist reviewers.

Key Functionality

Iterative, free-text communication

The core strength of eReferral is the iterative nature of the interaction between the referring provider and the specialist reviewer. The unlimited back and forth communication allows for exceptional flexibility in tailoring the referral and management process to fit the unique needs of a given patient and referring provider (typically the PCP). In any system there is variation among individual PCPs in terms of experience, knowledge and comfort in managing a given medical condition. By engaging in dialogue, the specialist can better understand the needs and skill level of the referring provider and thus tailor education and advice appropriately. In addition, the use of a flexible free-text format for communication rather than a templated EMR format encourages the inclusion of clinical reasoning on the part of both the referring provider and specialist reviewer.

Case-based education

Specialist reviewers are encouraged to view their role as not only providing individualized evaluation and management guidance, but also specialty education to primary care colleagues. One explicit goal of the system is to expand primary care capacity to care for a broader range of clinical conditions. Anecdotally, reviewers have noted that over time, PCPs often become more confident in caring for a given condition, resulting in reduced rates of referral or referrals at later stages of evaluation or management.

Seamless transition between management options

eReferral is designed as an integrated referral and consultation system. PCPs can use eReferral to request diagnostic or management advice for patients who may not need a specialty visit. The system can also be used for longitudinal virtual co-management, typically for common lab-based conditions such as subclinical hypothyroidism or evaluation of anemia, or if a patient has difficulty engaging with specialty care. When needed, the system allows for a seamless transition to scheduling a formal consultative visit.

Dialogue captured in patient record

Many eReferrals fall under the rubric of "curbside consultations" which traditionally are not incorporated into the patient's medical record. In our system, all eReferral exchanges, including the history provided, clinical reasoning and discussion – sometimes by multiple providers caring for the patient in question – are captured in real time in the patient's medical record. This information is available to anyone who has access to the EMR, including other specialty services and the emergency department.

Standardized specialist responses

Specialist reviewers can create standardized responses to common consultative questions or clinical scenarios. This minimizes the need for specialist reviewers to repeatedly type the same information for common conditions. However, it is important to tailor the standardized response to the individual patient. For services that have more than one reviewer, standardized responses also serve to decrease variation in specialist guidance on the initial evaluation and management of common conditions. In order to develop standardized responses for the group, the specialist reviewers need to discuss and reconcile their different approaches for commonly referred conditions.

Personalizing the medical neighborhood

We include photographs of referring providers, PCPs, and specialist reviewers in each referral. While the era of the doctors' lounge is long gone, providers continue to value establishing collegial relationships with their colleagues. An overwhelming majority of specialist reviewers feel that these photographs are critical to establishing a relationship with referring providers, many of whom they have never met in person. Many specialist reviewers have a story of "finally meeting" a PCP with whom they had communicated via eReferral, often over many years. The photos also encourage cordial and respectful communication by serving as a reminder to both parties that they are communicating with another person.

Access to patient laboratory and radiology results

While the PCP may include laboratory and radiology results in the free-text referral, access to original laboratory data (with reference ranges) and radiology reports is critical to streamlining the process. The primary care provider may not know to include all the results the specialist may be interested in. For example, the hematologist who is reviewing a referral for a patient with thrombocytopenia may need the results of liver function tests, which may not have been included. By having access to primary lab data, the specialist reviewer has the option of checking the results – including temporal trends – immediately rather than going back and forth with the referring provider. In addition, for many laboratory tests (e.g. TSH and Free T4), the normal range varies by laboratory; if the referring provider reports the test result without the normal range, it can be difficult to interpret. The ability to directly review radiologic studies is also ideal. In our system, if studies are obtained at an outside facility, the lab and radiology reports are faxed directly to the specialist reviewer. We also have the capability of attaching the scanned documents to the referral.

Example of eReferral Exchange

NEWER

Back and forth after patient is scheduled, prior to the appointment

Specialist communication to scheduler

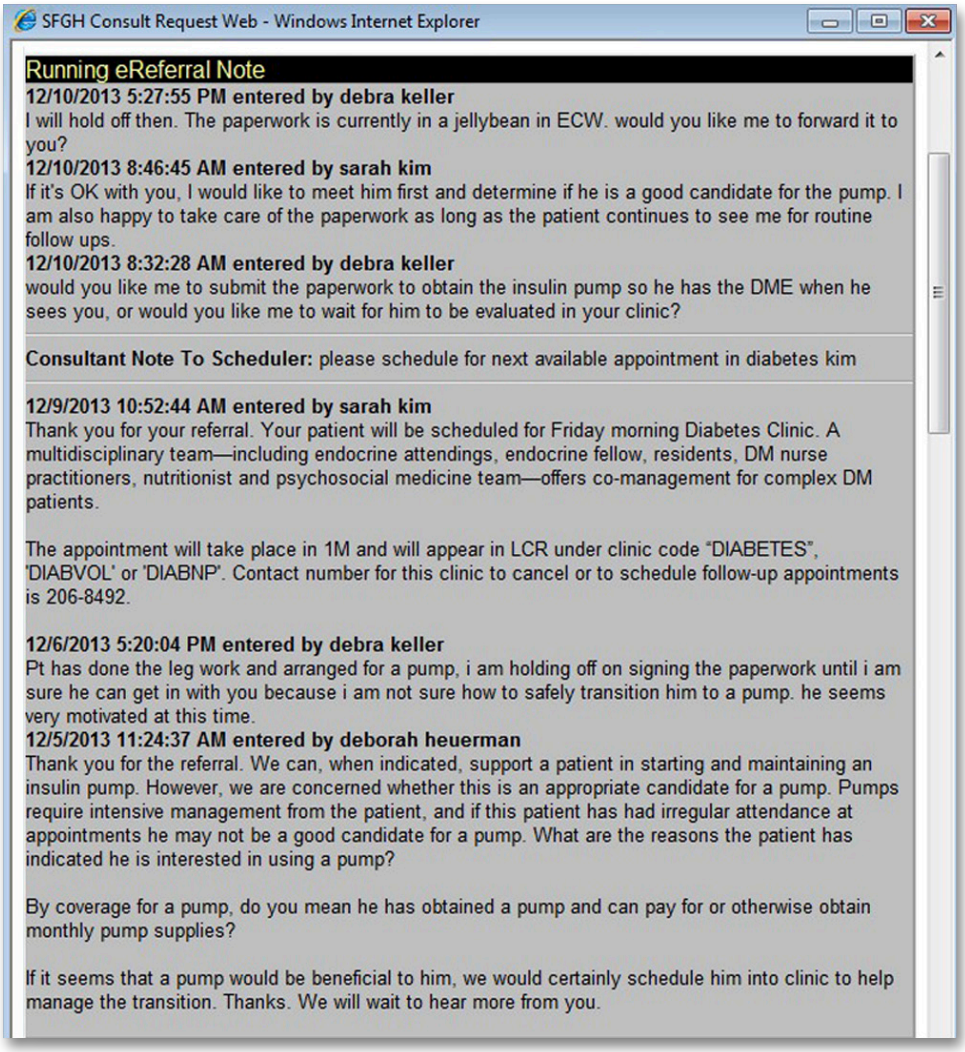
Specialist use of standardized response

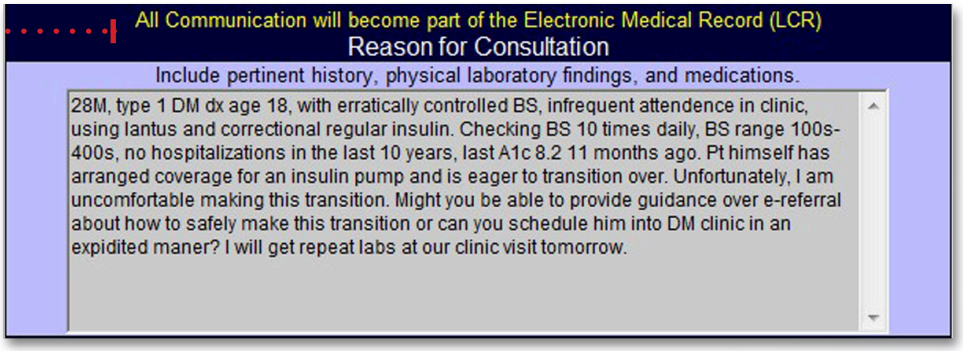
Referring provider's response

Initial specialist response with follow up questions

OLDER

Initial reason for consultation





Special Considerations

Specialist to specialist referrals

In our delivery system, all patients are encouraged to select a primary care medical home and PCP. While certain specialties frequently consult with another specialty as part of their usual practice – e.g. neurology and neurosurgery, or cardiology and cardiothoracic surgery – in general we discourage specialists from making secondary referrals for non-urgent issues. When this does happen, we ensure that the PCP is part of the process by sending an automated email notification about the referral. The PCP can then directly weigh in on the eReferral exchange as appropriate.

Financial models

In order for the eReferral system to work, specialist reviewers require financial support for the time they spend reviewing and responding to referrals. In our system, specialists are salaried physicians who receive dedicated time to review electronic referrals. The amount of support is primarily determined by the volume of referrals. There is no financial incentive for the reviewers to schedule or not schedule patients for a clinic appointment.

Moving forward, we are considering using a combination of factors to determine specialist reviewer financial support, including volume of referrals, time spent reviewing and responding to referrals, and primary care ratings of the educational value and helpfulness of specialist reviewer responses.

A new set of Current Procedural Terminology (CPT) codes has been approved that can inform reimbursement for eReferral type exchanges. Specifically, these codes can be used by a consultative physician for provider-to-provider assessment and management services via the internet. The consulting physician must provide a written report to the referring/requesting provider, which would be the eReferral response.

- **99446**: 5 to 10 minutes of medical consultative discussion and review
- **99447**: 11 to 20 minutes of medical consultative discussion and review
- **99448**: 21 to 30 minutes of medical consultative discussion and review
- **99449**: 31 minutes or more of medical consultative discussion and review

There are a number of additional requirements tied to use of these codes, such as exclusion if the patient's care is being transferred to the consulting physician or if the patient has had a face-to-face encounter within the prior 14 days. Please refer to the 2014 CPT for complete details and coding guidance.

Our system does not provide any additional financial support to PCPs, as they are salaried providers who care for a defined panel of patients. Options for recognizing the additional work involved in electronic consultations for PCPs could take the form of relative value unit (RVU) payments or enhanced care coordination fees.

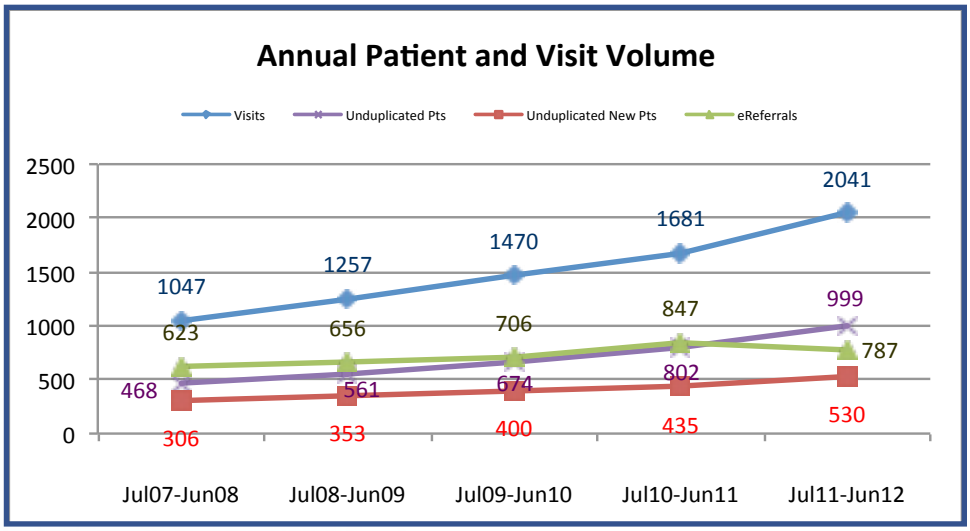
In the context of the new consultative physician CPT codes previously mentioned, if the referring provider time spent on the interprofessional internet discussion with the consultant exceeds 30 minutes beyond the typical time of the appropriate evaluation and management service, s/he may use prolonged service codes. The linkage of payment to direct interprofessional discussion is not ideal, as the time spent by the referring provider is primarily on implementing diagnostic or therapeutic recommendations rather than on the electronic communication.

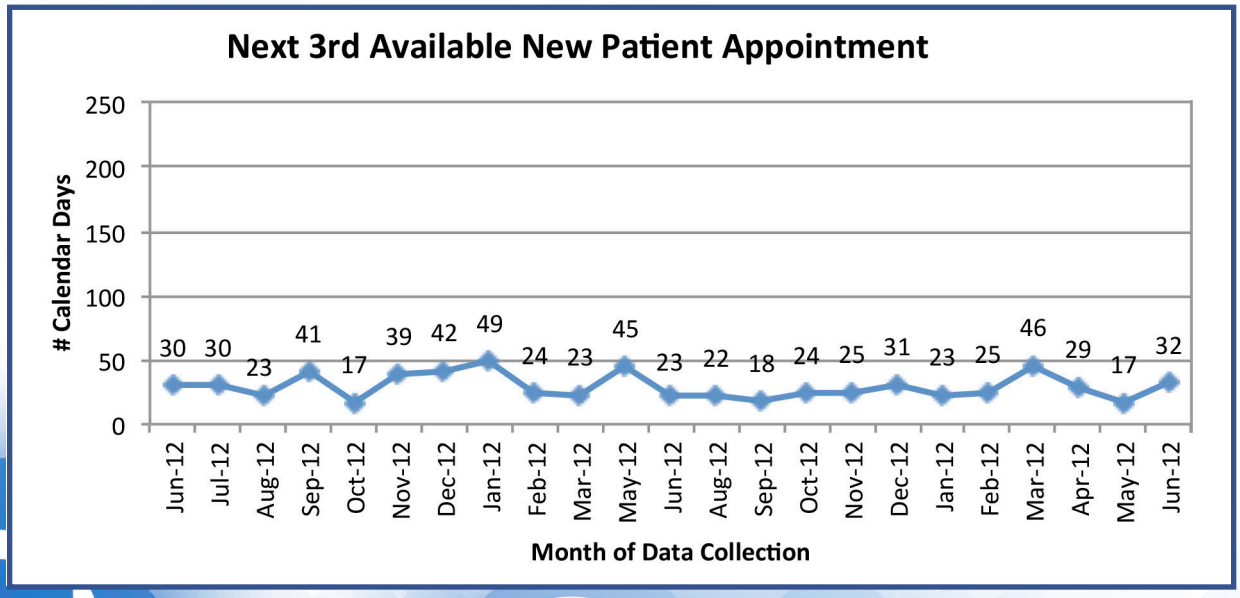
Medical-legal considerations

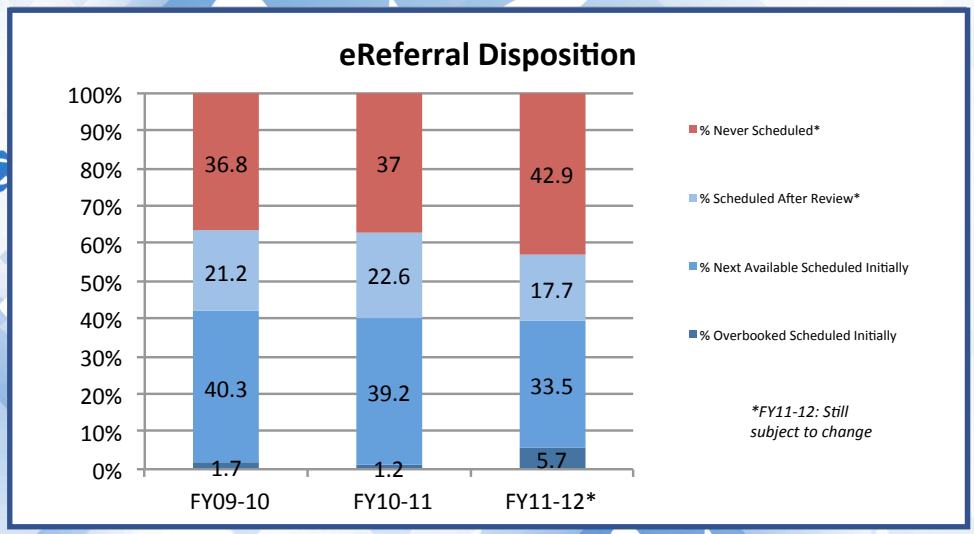
The role of the eReferral reviewer has been deemed by our hospital risk management department to be covered within the specialists' usual scope of practice. We include a systems disclaimer, "Because there is no direct contact with patients, the ability of the specialist reviewer to appropriately respond to your eReferral depends on your providing accurate, relevant, and complete information about your patient's condition." Importantly, the initial referral/consultative question, as well as all subsequent exchanges between the referring provider and the specialist reviewer, is captured in the patient's EMR with a date and time stamp. There is also an audit trail that tracks all eReferral activity.

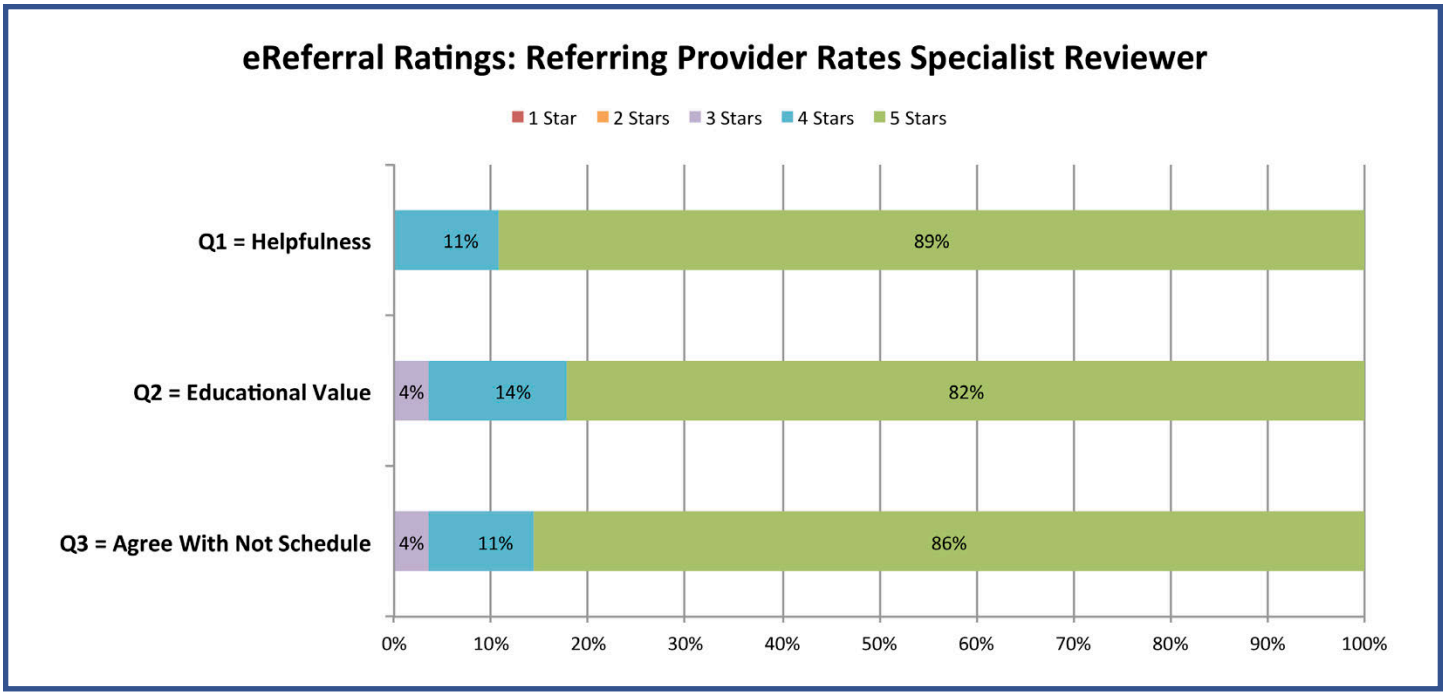
Data Analytics

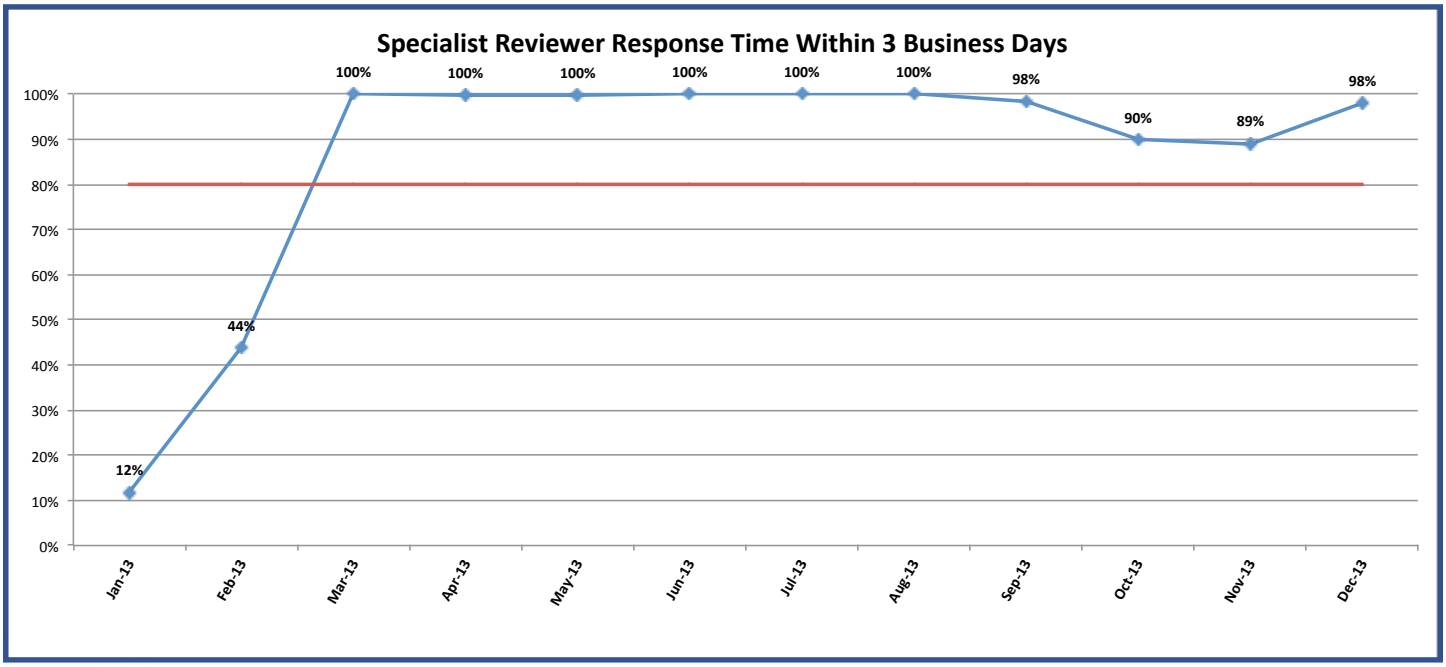
The eReferral team generates a range of data for participating services including the volume of eReferrals, clinic visits, individual and new patients seen as well as eReferral disposition, wait times for the third next available new patient appointment, most common diagnoses encountered, specialist reviewer response time, and bidirectional ratings data.








eReferral Ratings: Referring Provider Rates Specialist Reviewer
1 Star
2 Stars
3 Stars
4 Stars
5 Stars
Q1 = Helpfulness
11%
89%
Q2 = Educational Value
4%
14%
82%
Q3 = Agree With Not Schedule
4%
11%
86%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%


Specialist Reviewer Response Time Within 3 Business Days
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
12%
44%
100%
100%
100%
100%
100%
100%
98%
90%
89%
98%
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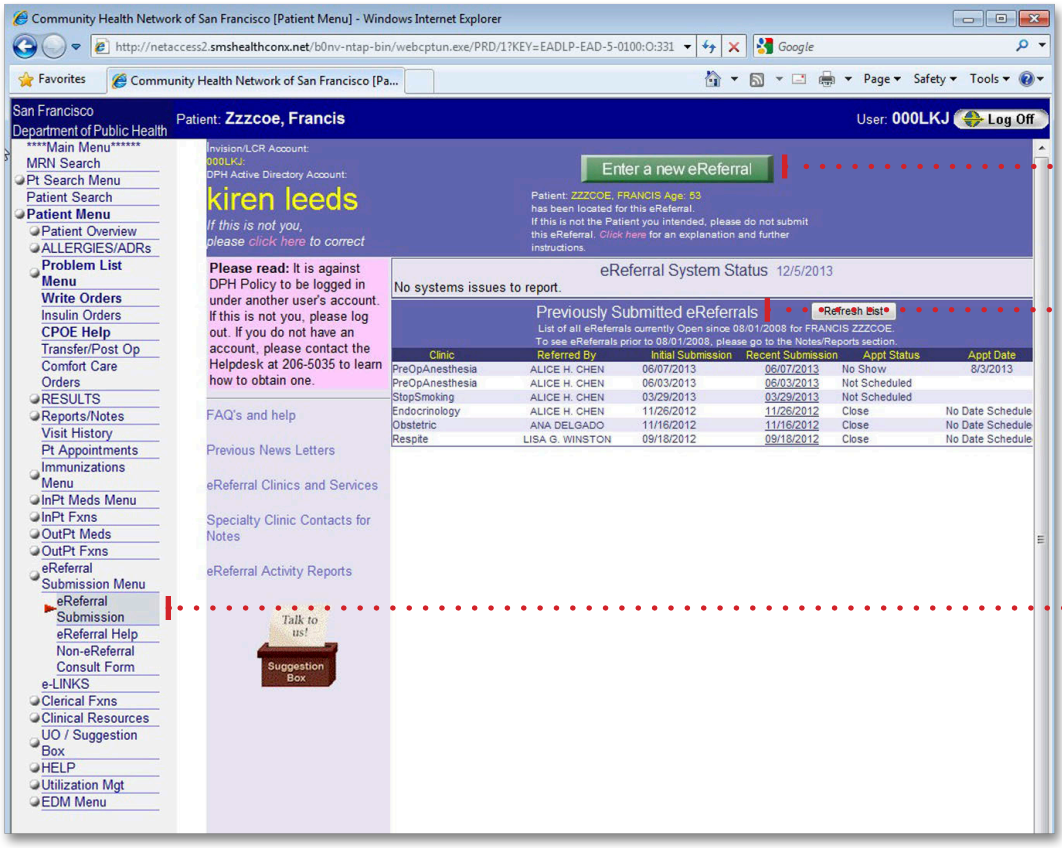
Guide for Primary Care Providers

The following guides are intended to give a general sense of eReferral's functionality from the standpoint of primary care providers, specialist reviewers, and schedulers. For more detailed information, please go to www.ciaqsf.org/programs/eReferral.html.

Submitting an eReferral

To submit an eReferral, the referring provider must first access the hospital's EMR and select a patient.

eReferral is launched from within the patient's medical record, and displays a list of all prior eReferrals that have been submitted for the patient. To enter a new eReferral, the referring provider selects ***Enter a new eReferral*** at the top of the page.



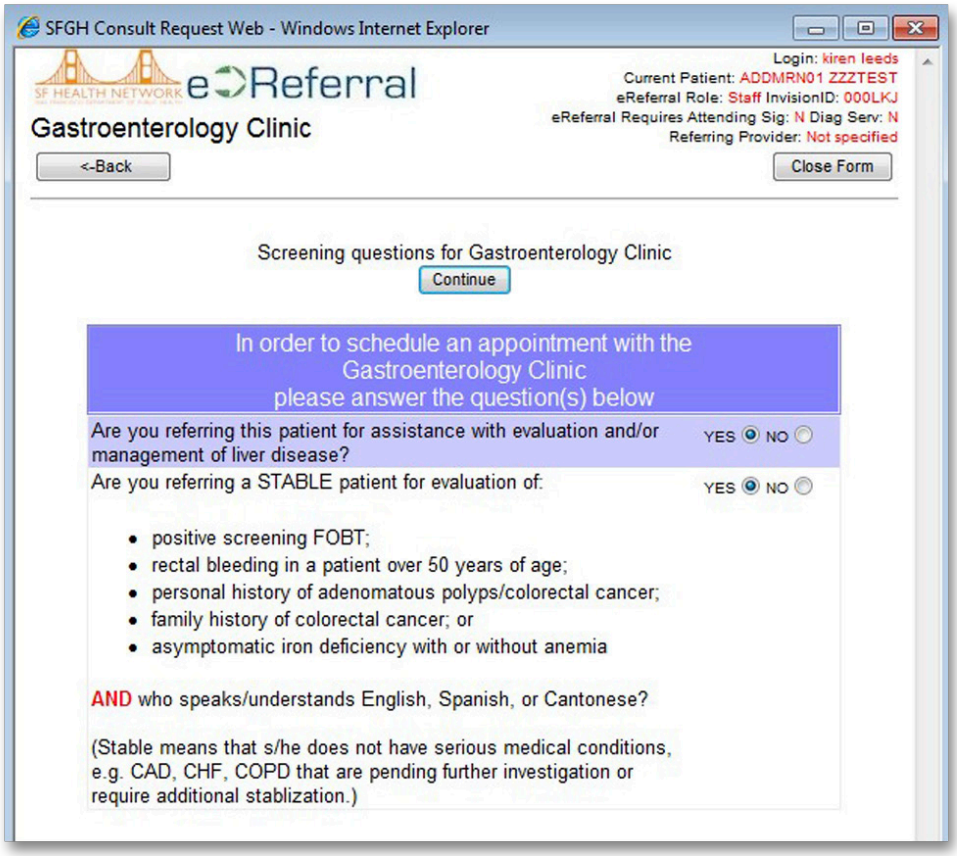
Guide for Primary Care Providers

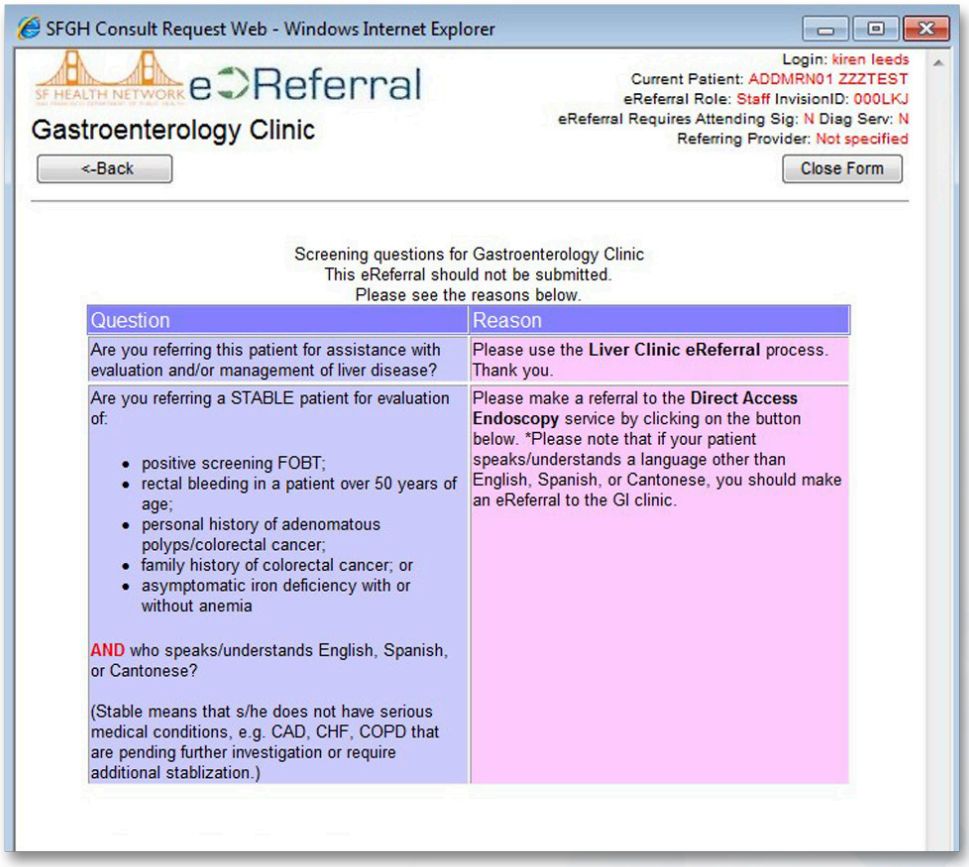
The system will default to the appropriate set of clinics based on the patient's age and care setting. If needed, the referring provider can change to Pediatrics or Laguna Honda. To begin a new eReferral, the referring provider selects the clinic or service name.



Guide for Primary Care Providers

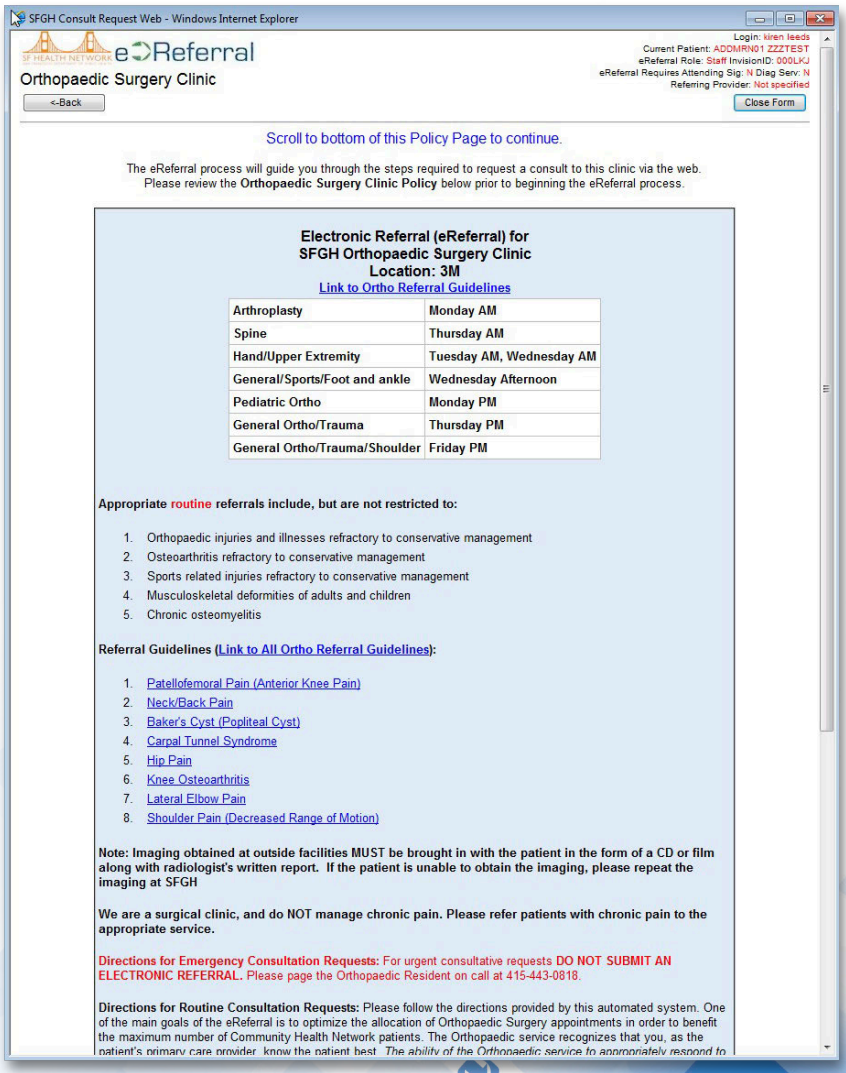
Some clinics have screening questions that are designed to direct referring providers to the most appropriate clinic (e.g., to ensure patients with liver conditions are referred to the liver clinic, rather than to the gastroenterology clinic).



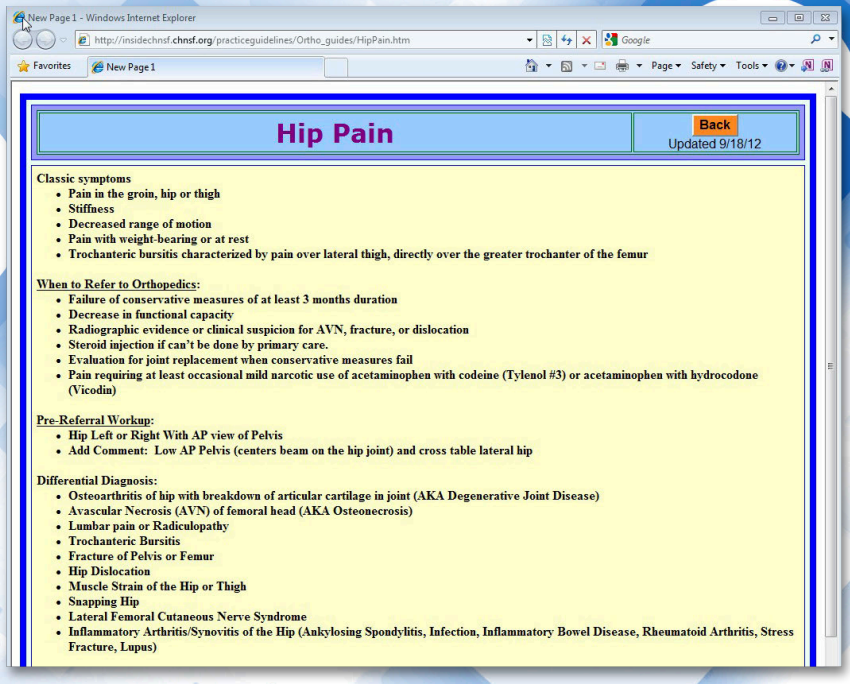


Guide for Primary Care Providers

Each specialty clinic or service has a policy page that lists common reasons for referral, clinic location and schedule, as well as contact information for the specialist reviewer.

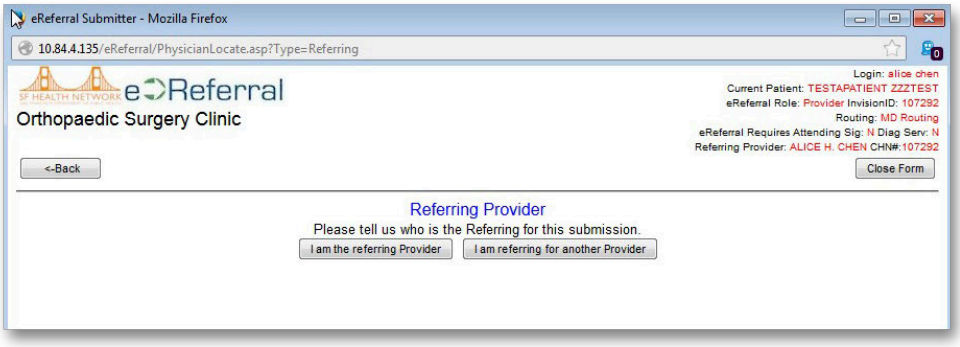


Some have developed referral guidelines for commonly-referred conditions.



Guide for Primary Care Providers

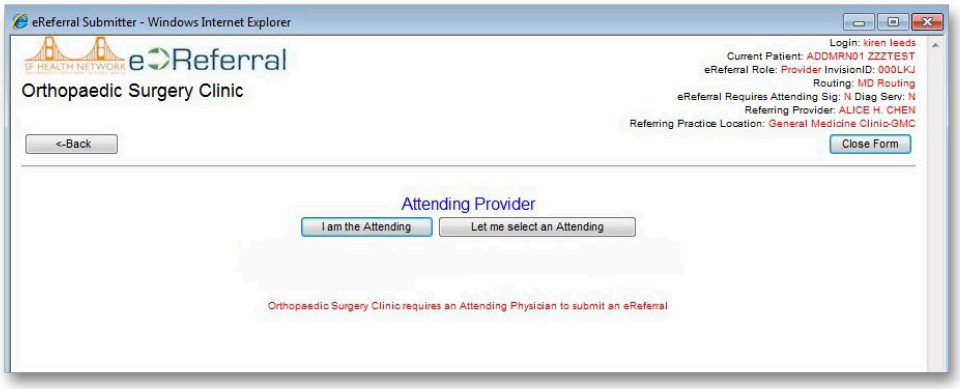
If the person submitting the referral is a provider (MD, NP, PA, etc.), the system will present the option of selecting himself or herself as the referring provider, or selecting someone else as the referring provider. Providers should not be selected as the referring provider without their knowledge and consent.



eReferral defaults the referring location to the referring provider's primary practice location. If the referring provider has more than one practice site, this can be changed.



If referring providers are trainees, they are required to choose an attending supervisor.



Guide for Primary Care Providers

Based on these selections, patient, referring provider, attending provider, and primary care provider contact information is auto-populated from the EMR into the eReferral submission form.

Save as draft

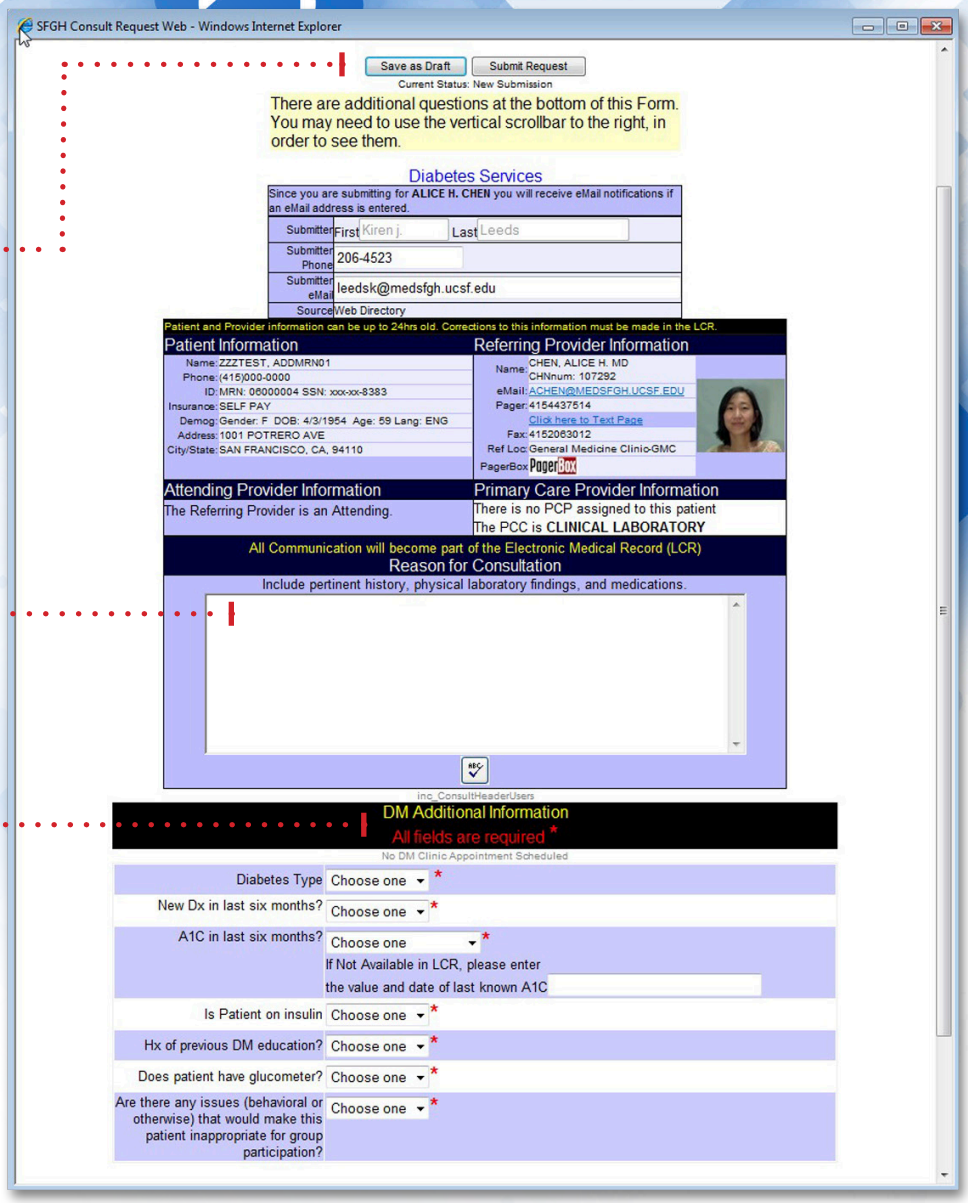
Reason for consultation

The reason for referral is entered as free text.

Additional information

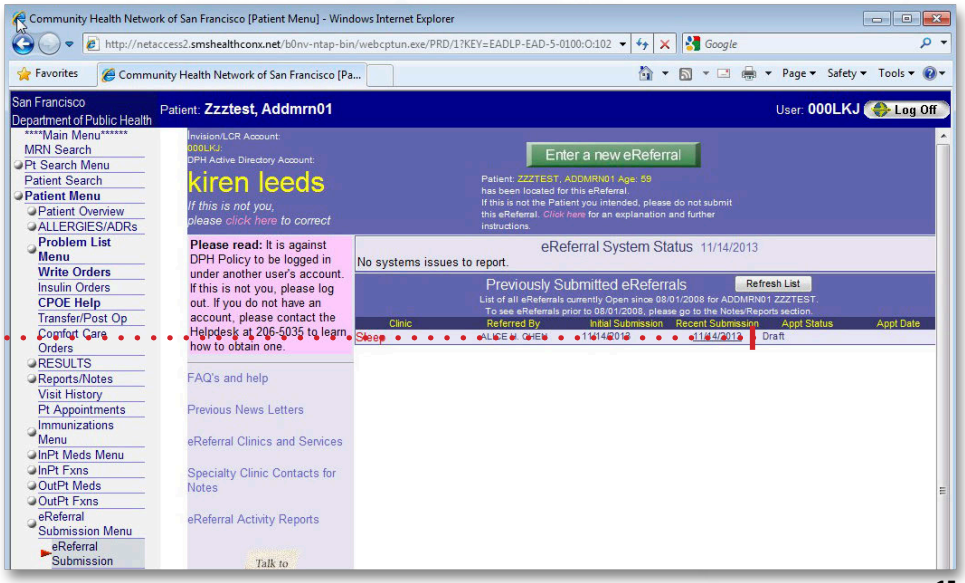
Some specialty clinics and services require additional information in a structured format.

If the referring provider is not ready to submit the eReferral, it may be saved as a draft by selecting ***Save as Draft*** at the top of the eReferral submission form.



The eReferral will be saved for two weeks on the patient's previously submitted eReferrals list and flagged as "draft." If the draft is not submitted within two weeks, it is automatically deleted from the system.

Draft status indicated



Guide for Specialist Reviewers

Responding to eReferrals

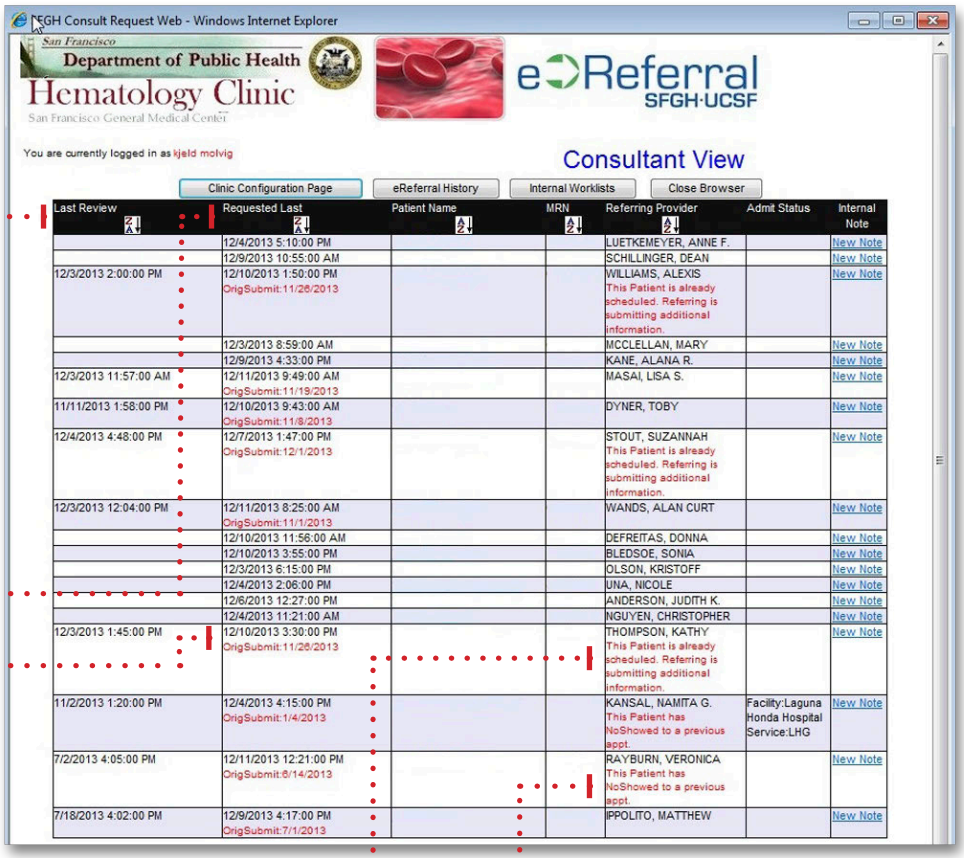
Each reviewer has a Consultant Worklist, an electronic queue of submitted referrals awaiting review. The expectation is that all referrals will be reviewed and responded to within 3 business days.

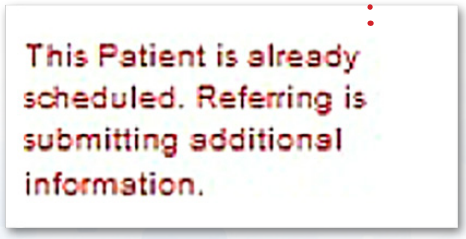
The list includes the date of initial submission and if relevant, date of the specialist's last review and date of the referring provider's last submission. Additionally, if a patient has already been scheduled for an appointment, or did not show for a previously scheduled appointment, this will be indicated in red.

Date of specialist reviewer's last response, if previously reviewed

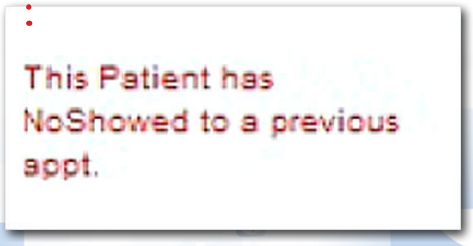
Date of referring provider's last submission

Date of referring provider's initial submission in red





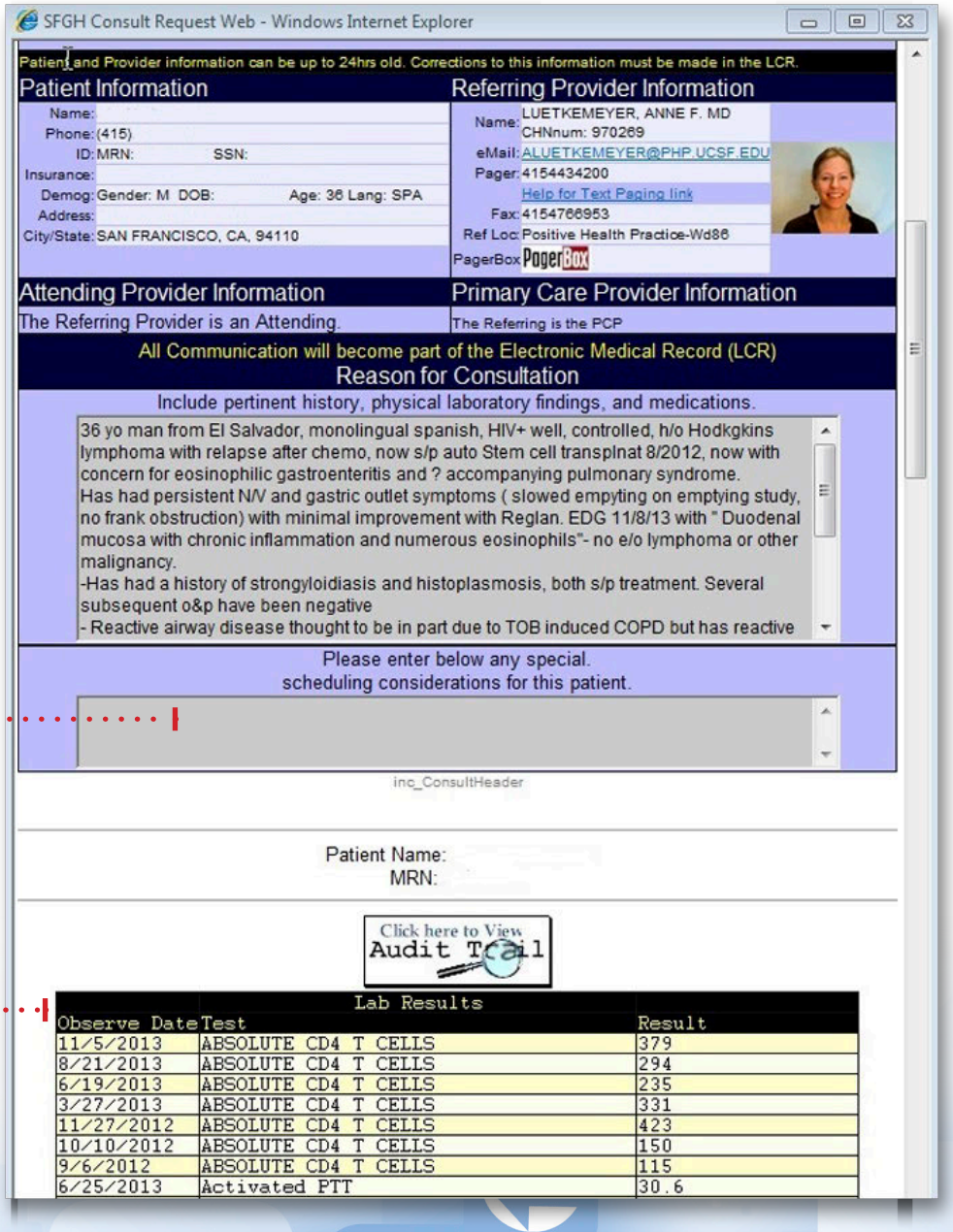
Already scheduled



No show

Guide for Specialist Reviewers

To open a referral, the reviewer clicks on the patient's name and scrolls down to read the Reason for Consultation and Scheduling Considerations, if any. Service specific laboratory and diagnostic testing are displayed at the bottom of the referral.

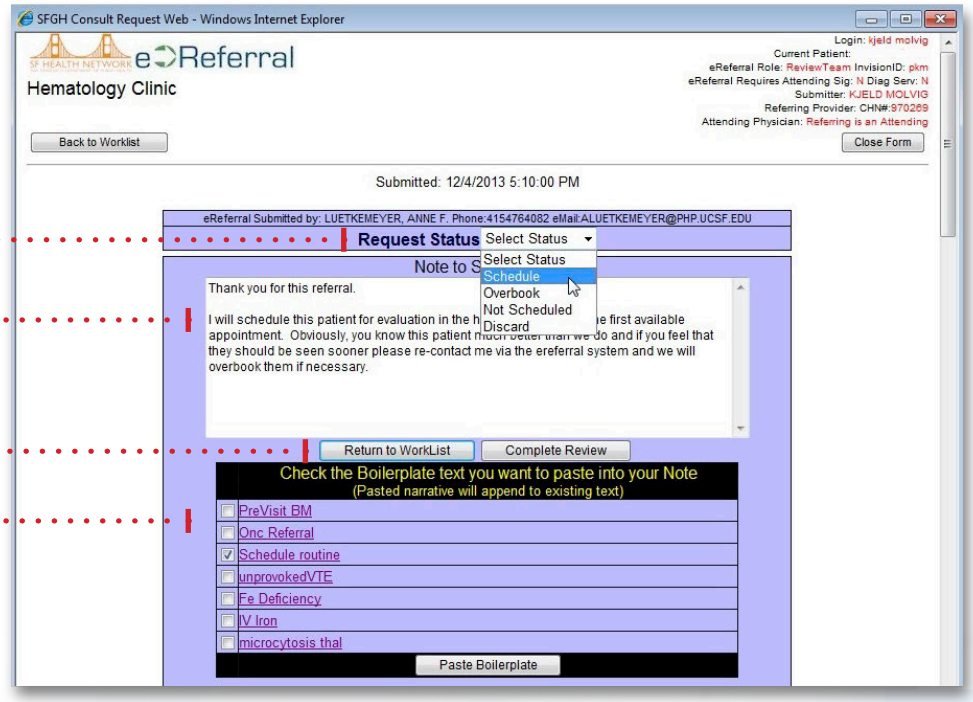


Scheduling considerations

Lab and diagnostic test results

Guide for Specialist Reviewers

The specialist reviewer responds to the referral by entering a free text response. Alternately, the reviewer can insert a standardized response (Boilerplate) that is tailored for the specific patient. The reviewer then selects a status for the referral: ***Overbook*** for an expedited clinic visit; ***Schedule*** for a patient who should be seen at the next available clinic visit; ***Not Scheduled*** if the reviewer needs more information or is providing diagnostic or management guidance. ***Discard*** is only used for duplicate or test referrals. The reviewer has an opportunity to provide specific guidance to the scheduler at the bottom of this page. To complete the process, the reviewer selects ***Complete Review***.



Select status

Note to submitter, using standardized response

Complete review

Standardized response (Boilerplate)

Guide for Specialty Clinic Schedulers

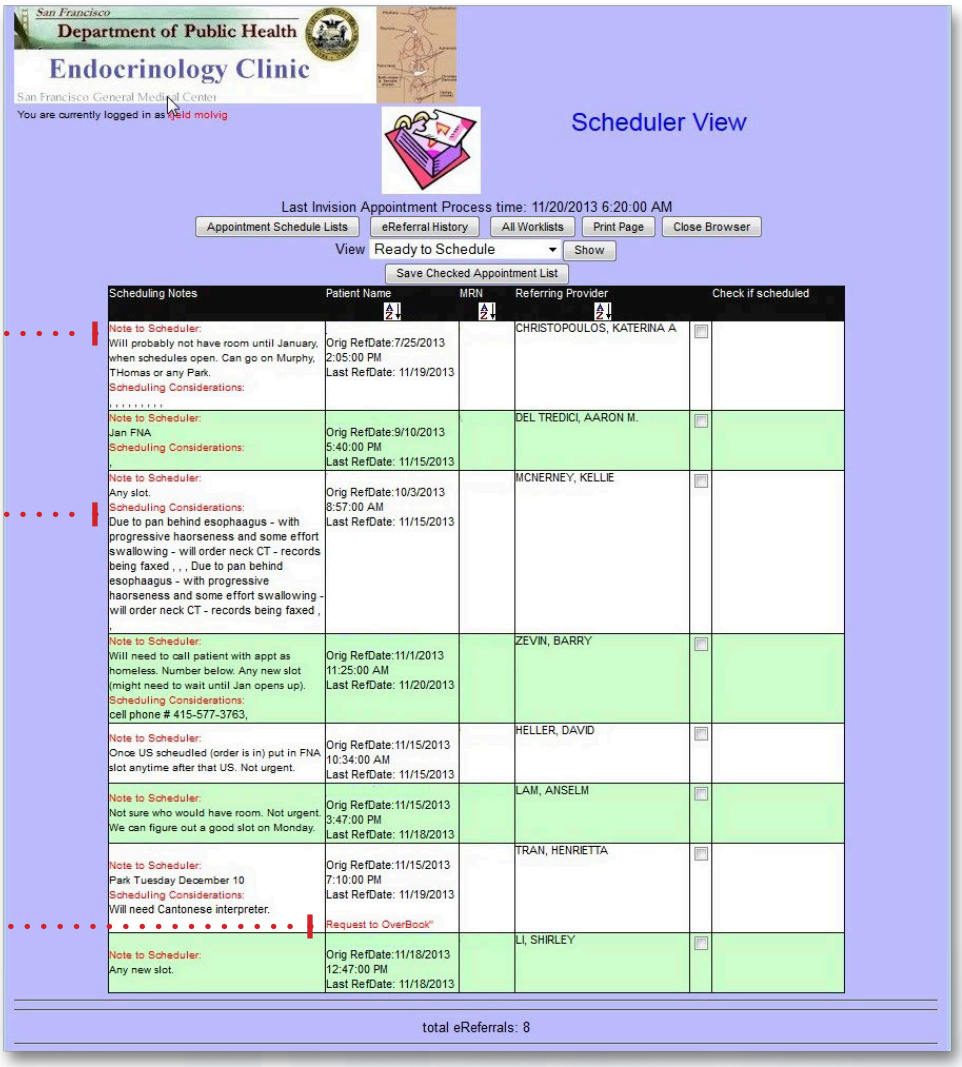
Scheduling appointments

The Scheduler Worklist displays a list of all the patients who need specialty clinic appointments. The list flags any referrals that are marked as Overbook, and includes the scheduling considerations provided by the referring provider as well as any scheduling instructions from the specialist reviewer.

Specialist reviewer scheduling instructions

Referring provider scheduling note

Overbook flag



eReferral Reviewers *as of March 2014*

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Allergy
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Cardiology
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Antonio Gomez, MD

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Gastroenterology
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Diane Robbins, NP

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MRI
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SFGH eREFERRAL WOMEN'S HEALTH REVIEWERS

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Abner Korn, MD
Jody Steinauer, MD

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Naomi Stotland, MD

SFGH eREFERRAL REHABILITATION SERVICES REVIEWERS

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Physical Therapy
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Speech Language Pathology
Karen Pitbladdo, OT, CHT

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Comprehensive Pharmacy Care
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Transgender Health Services
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LAGUNA HONDA HOSPITAL eREFERRAL REVIEWERS

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For more information, visit ***www.ciaqsf.org***.

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