

# 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*

SFGH Consult Request Web - Windows Internet Explorer

**Running eReferral Note**  
 12/10/2013 5:27:55 PM entered by debra keller  
 I will hold off then. The paperwork is currently in a jellybean in ECW. would you like me to forward it to you?  
 12/10/2013 8:46:45 AM entered by sarah kim  
 If it's OK with you, I would like to meet him first and determine if he is a good candidate for the pump. I am also happy to take care of the paperwork as long as the patient continues to see me for routine follow ups.  
 12/10/2013 8:32:28 AM entered by debra keller  
 would you like me to submit the paperwork to obtain the insulin pump so he has the DME when he sees you, or would you like me to wait for him to be evaluated in your clinic?

**Consultant Note To Scheduler:** please schedule for next available appointment in diabetes kim

12/9/2013 10:52:44 AM entered by sarah kim  
 Thank you for your referral. Your patient will be scheduled for Friday morning Diabetes Clinic. A multidisciplinary team—including endocrine attendings, endocrine fellow, residents, DM nurse practitioners, nutritionist and psychosocial medicine team—offers co-management for complex DM patients.  
 The appointment will take place in 1M and will appear in LCR under clinic code "DIABETES", 'DIABVOL' or 'DIABNP'. Contact number for this clinic to cancel or to schedule follow-up appointments is 206-8492.

12/6/2013 5:20:04 PM entered by debra keller  
 Pt has done the leg work and arranged for a pump, i am holding off on signing the paperwork until i am sure he can get in with you because i am not sure how to safely transition him to a pump. he seems very motivated at this time.

12/5/2013 11:24:37 AM entered by deborah heuerman  
 Thank you for the referral. We can, when indicated, support a patient in starting and maintaining an insulin pump. However, we are concerned whether this is an appropriate candidate for a pump. Pumps require intensive management from the patient, and if this patient has had irregular attendance at appointments he may not be a good candidate for a pump. What are the reasons the patient has indicated he is interested in using a pump?  
 By coverage for a pump, do you mean he has obtained a pump and can pay for or otherwise obtain monthly pump supplies?  
 If it seems that a pump would be beneficial to him, we would certainly schedule him into clinic to help manage the transition. Thanks. We will wait to hear more from you.

OLDER

.....  
*Initial reason for consultation*

**All Communication will become part of the Electronic Medical Record (LCR)**  
**Reason for Consultation**  
 Include pertinent history, physical laboratory findings, and medications.

28M, type 1 DM dx age 18, with erratically controlled BS, infrequent attendance in clinic, using lantus and correctional regular insulin. Checking BS 10 times daily, BS range 100s-400s, no hospitalizations in the last 10 years, last A1c 8.2 11 months ago. Pt himself has arranged coverage for an insulin pump and is eager to transition over. Unfortunately, I am uncomfortable making this transition. Might you be able to provide guidance over e-referral about how to safely make this transition or can you schedule him into DM clinic in an expedited maner? I will get repeat labs at our clinic visit tomorrow.



# 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

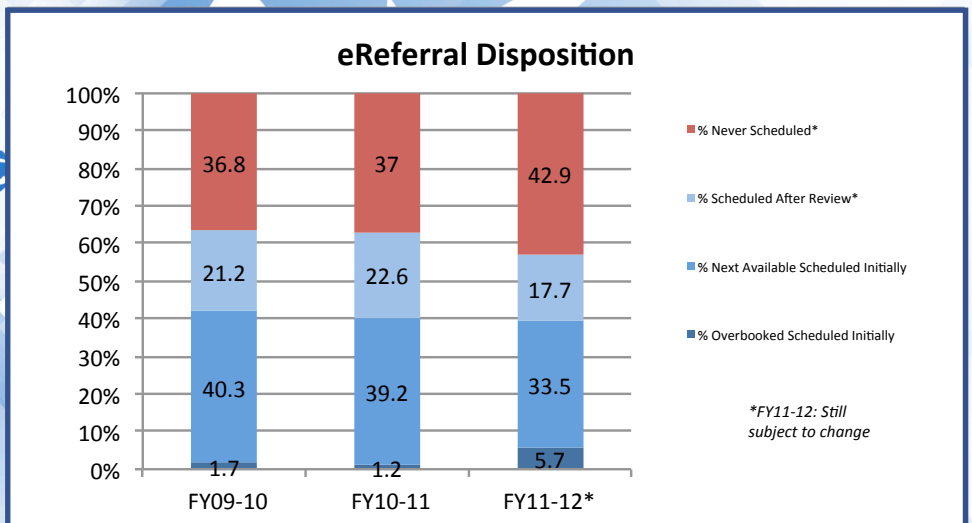
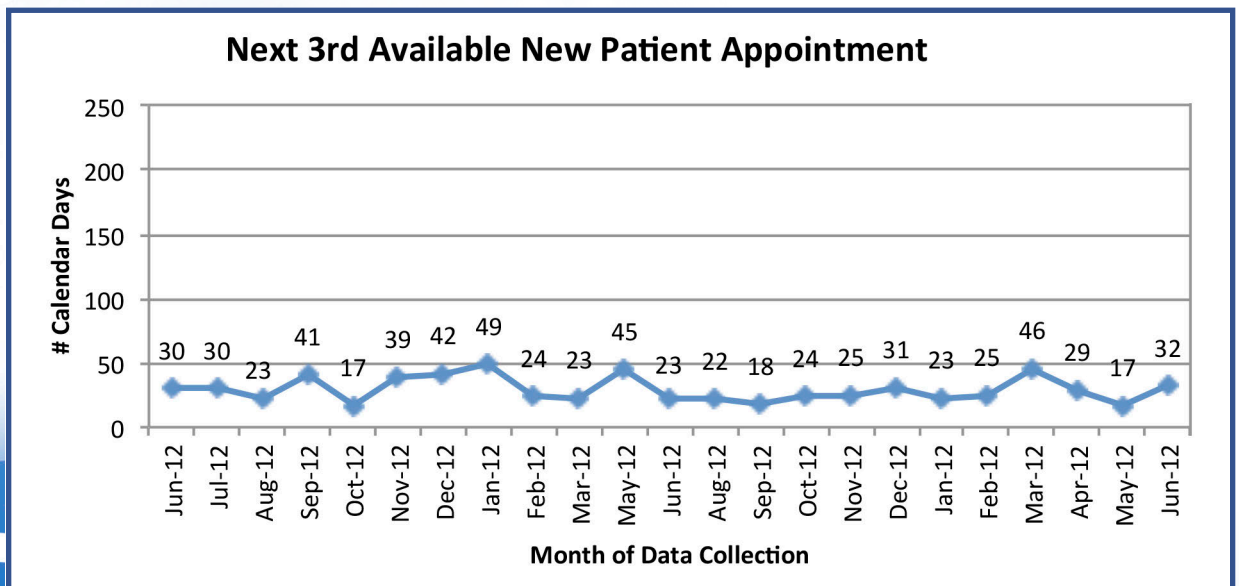
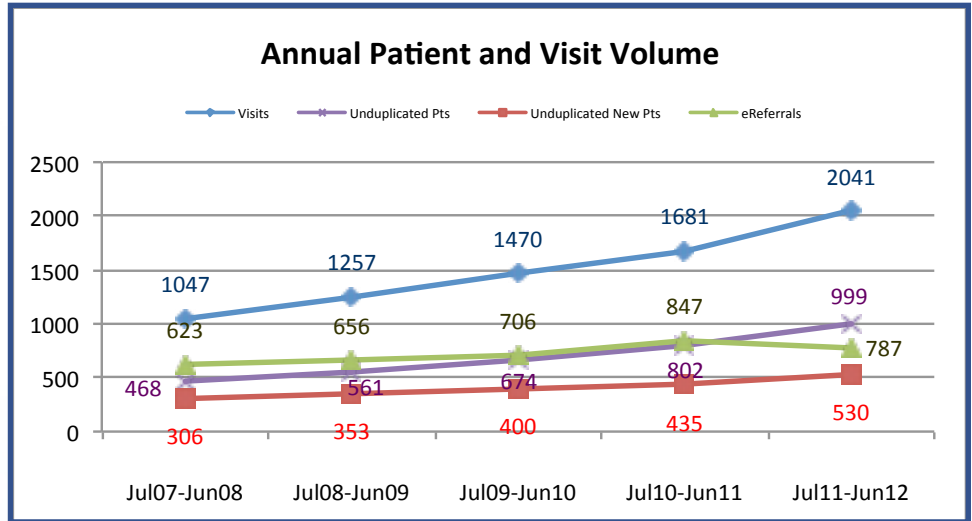
service, s/he may use prolonged service codes. The linkage of payment to direct interprofessional discussion is not ideal, as the time spent by the referring provider is primarily on implementing diagnostic or therapeutic recommendations rather than on the electronic communication.

## 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.

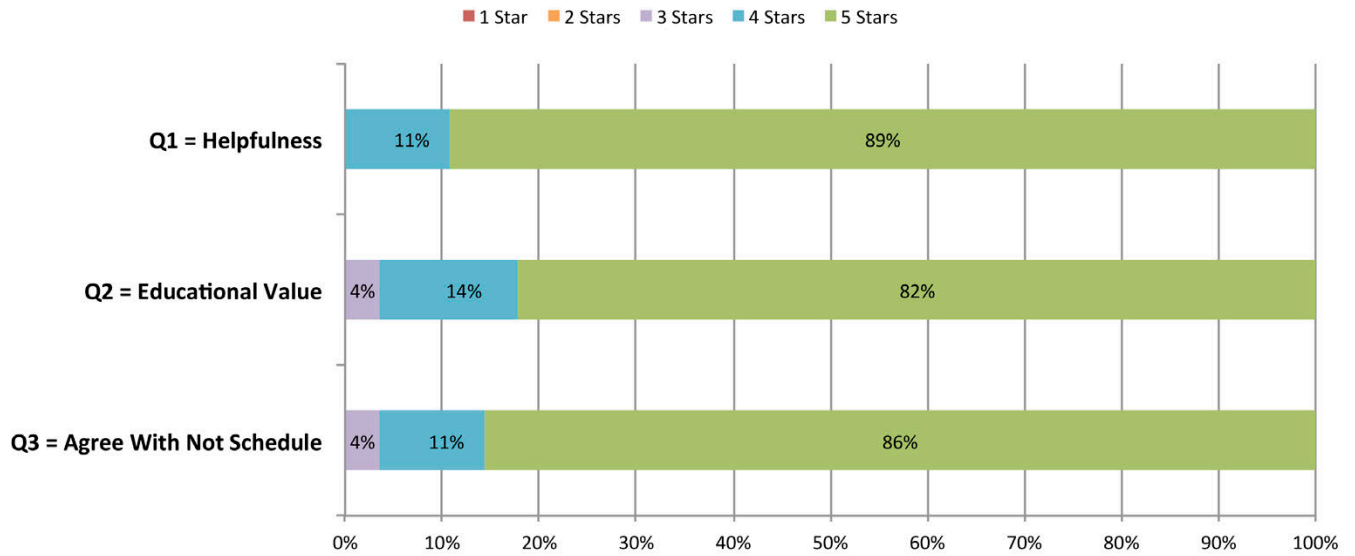
# Data Analytics

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.

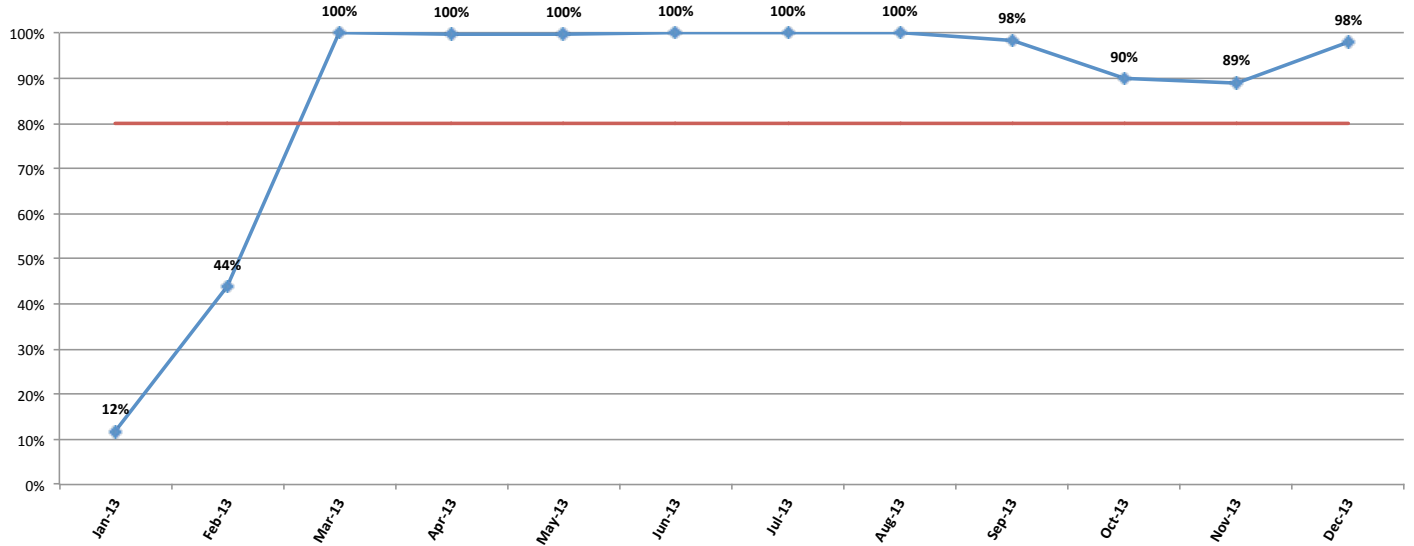




## eReferral Ratings: Referring Provider Rates Specialist Reviewer



## Specialist Reviewer Response Time Within 3 Business Days



# 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](http://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.

San Francisco Department of Public Health Patient: Zzzcoe, Francis User: 000LKJ Log Off

Enter a new eReferral

**kiren leeds** Patient: ZZZCOE, FRANCIS Age: 63 has been located for this eReferral. If this is not the Patient you intended, please do not submit this eReferral. Click here for an explanation and further instructions.

Please read: It is against DPH Policy to be logged in under another user's account. If this is not you, please log out. If you do not have an account, please contact the Helpdesk at 206-5035 to learn how to obtain one.

eReferral System Status 12/5/2013  
No systems issues to report.

Previously Submitted eReferrals \*Refresh List\*

List of all eReferrals currently Open since 08/01/2008 for FRANCIS ZZZCOE. To see eReferrals prior to 08/01/2008, please go to the Notes/Reports section

Clinic	Referred By	Initial Submission	Recent Submission	Appt Status	Appt Date
PreOpAnesthesia	ALICE H. CHEN	06/07/2013	06/07/2013	No Show	8/3/2013
PreOpAnesthesia	ALICE H. CHEN	06/03/2013	06/03/2013	Not Scheduled	
StopSmoking	ALICE H. CHEN	03/29/2013	03/29/2013	Not Scheduled	
Endocrinology	ALICE H. CHEN	11/26/2012	11/26/2012	Close	No Date Schedule
Obstetric	ANA DELGADO	11/16/2012	11/16/2012	Close	No Date Schedule
Respite	LISA G. WINSTON	09/18/2012	09/18/2012	Close	No Date Schedule

Enter a new eReferral

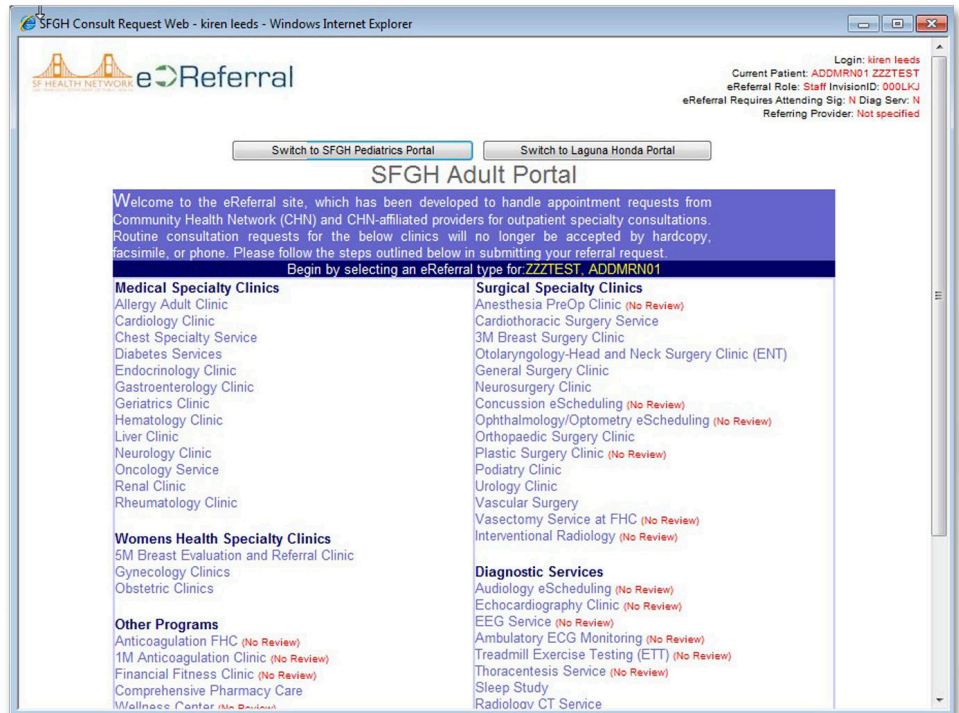
List of previously submitted eReferrals

eReferral submission



# 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).

Screenshot of the SFGH Consult Request Web interface in Windows Internet Explorer. The page title is "Gastroenterology Clinic". The top right corner shows user information: "Login: kiren leads", "Current Patient: ADDMRN01 ZZZTEST", "eReferral Role: Staff InvisionID: 000LKJ", "eReferral Requires Attending Sig: N Diag Serv: N", and "Referring Provider: Not specified". There are buttons for "<-Back" and "Close Form".

The main content area is titled "Screening questions for Gastroenterology Clinic" with a "Continue" button. Below this is a blue box with the text: "In order to schedule an appointment with the Gastroenterology Clinic please answer the question(s) below".

The first question is: "Are you referring this patient for assistance with evaluation and/or management of liver disease?" with radio buttons for YES (selected) and NO.

The second question is: "Are you referring a STABLE patient for evaluation of:" with radio buttons for YES (selected) and NO.

Below the second question is a list of criteria:

- positive screening FOBT;
- rectal bleeding in a patient over 50 years of age;
- personal history of adenomatous polyps/colorectal cancer;
- family history of colorectal cancer; or
- asymptomatic iron deficiency with or without anemia

Below the list is the text: "AND who speaks/understands English, Spanish, or Cantonese?".

At the bottom, there is a note: "(Stable means that s/he does not have serious medical conditions, e.g. CAD, CHF, COPD that are pending further investigation or require additional stabilization.)".

Screenshot of the SFGH Consult Request Web interface in Windows Internet Explorer, showing the same "Gastroenterology Clinic" page. The top right corner shows the same user information as the previous screenshot.

The main content area is titled "Screening questions for Gastroenterology Clinic" and displays a message: "This eReferral should not be submitted. Please see the reasons below." Below this is a table with two columns: "Question" and "Reason".

Question	Reason
Are you referring this patient for assistance with evaluation and/or management of liver disease?	Please use the <b>Liver Clinic eReferral</b> process. Thank you.
Are you referring a STABLE patient for evaluation of: <ul style="list-style-type: none"> <li>• positive screening FOBT;</li> <li>• rectal bleeding in a patient over 50 years of age;</li> <li>• personal history of adenomatous polyps/colorectal cancer;</li> <li>• family history of colorectal cancer; or</li> <li>• asymptomatic iron deficiency with or without anemia</li> </ul> <b>AND</b> who speaks/understands English, Spanish, or Cantonese? (Stable means that s/he does not have serious medical conditions, e.g. CAD, CHF, COPD that are pending further investigation or require additional stabilization.)	Please make a referral to the <b>Direct Access Endoscopy</b> service by clicking on the button below. *Please note that if your patient speaks/understands a language other than English, Spanish, or Cantonese, you should make an eReferral to the GI 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.

SFGH Consult Request Web - Windows Internet Explorer

Orthopaedic Surgery Clinic

Scroll to bottom of this Policy Page to continue.

The eReferral process will guide you through the steps required to request a consult to this clinic via the web. Please review the Orthopaedic Surgery Clinic Policy below prior to beginning the eReferral process.

**Electronic Referral (eReferral) for SFGH Orthopaedic Surgery Clinic**  
Location: 3M

[Link to Ortho Referral Guidelines](#)

Arthroplasty	Monday AM
Spine	Thursday AM
Hand/Upper Extremity	Tuesday AM, Wednesday AM
General/Sports/Foot and ankle	Wednesday Afternoon
Pediatric Ortho	Monday PM
General Ortho/Trauma	Thursday PM
General Ortho/Trauma/Shoulder	Friday PM

Appropriate **routine** referrals include, but are not restricted to:

1. Orthopaedic injuries and illnesses refractory to conservative management
2. Osteoarthritis refractory to conservative management
3. Sports related injuries refractory to conservative management
4. Musculoskeletal deformities of adults and children
5. Chronic osteomyelitis

Referral Guidelines ([Link to All Ortho Referral Guidelines](#)):

1. [Patellofemoral Pain \(Anterior Knee Pain\)](#)
2. [Neck/Back Pain](#)
3. [Baker's Cyst \(Popliteal Cyst\)](#)
4. [Carpal Tunnel Syndrome](#)
5. [Hip Pain](#)
6. [Knee Osteoarthritis](#)
7. [Lateral Elbow Pain](#)
8. [Shoulder Pain \(Decreased Range of Motion\)](#)

Note: Imaging obtained at outside facilities MUST be brought in with the patient in the form of a CD or film along with radiologist's written report. If the patient is unable to obtain the imaging, please repeat the imaging at SFGH

We are a surgical clinic, and do NOT manage chronic pain. Please refer patients with chronic pain to the appropriate service.

**Directions for Emergency Consultation Requests:** For urgent consultative requests **DO NOT SUBMIT AN ELECTRONIC REFERRAL**. Please page the Orthopaedic Resident on call at 415-443-0818.

**Directions for Routine Consultation Requests:** Please follow the directions provided by this automated system. One of the main goals of the eReferral is to optimize the allocation of Orthopaedic Surgery appointments in order to benefit the maximum number of Community Health Network patients. The Orthopaedic service recognizes that you, as the patient's primary care provider, know the patient best. *The ability of the Orthopaedic service to appropriately respond to*

Some have developed referral guidelines for commonly-referred conditions.

New Page 1 - Windows Internet Explorer

[http://insidechnsf.chnsf.org/practicguidelines/Ortho\\_guides/HipPain.htm](http://insidechnsf.chnsf.org/practicguidelines/Ortho_guides/HipPain.htm)

**Hip Pain** Back Updated 9/18/12

**Classic symptoms**

- Pain in the groin, hip or thigh
- Stiffness
- Decreased range of motion
- Pain with weight-bearing or at rest
- Trochanteric bursitis characterized by pain over lateral thigh, directly over the greater trochanter of the femur

**When to Refer to Orthopedics:**

- Failure of conservative measures of at least 3 months duration
- Decrease in functional capacity
- Radiographic evidence or clinical suspicion for AVN, fracture, or dislocation
- Steroid injection if can't be done by primary care.
- Evaluation for joint replacement when conservative measures fail
- Pain requiring at least occasional mild narcotic use of acetaminophen with codeine (Tylenol #3) or acetaminophen with hydrocodone (Vicodin)

**Pre-Referral Workup:**

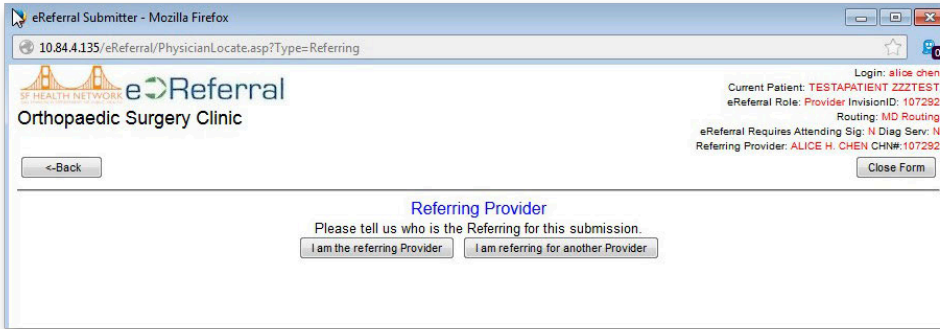
- Hip Left or Right With AP view of Pelvis
- Add Comment: Low AP Pelvis (centers beam on the hip joint) and cross table lateral hip

**Differential Diagnosis:**

- Osteoarthritis of hip with breakdown of articular cartilage in joint (AKA Degenerative Joint Disease)
- Avascular Necrosis (AVN) of femoral head (AKA Osteonecrosis)
- Lumbar pain or Radiculopathy
- Trochanteric Bursitis
- Fracture of Pelvis or Femur
- Hip Dislocation
- Muscle Strain of the Hip or Thigh
- Snapping Hip
- Lateral Femoral Cutaneous Nerve Syndrome
- Inflammatory Arthritis/Synovitis of the Hip (Ankylosing Spondylitis, Infection, Inflammatory Bowel Disease, Rheumatoid Arthritis, Stress Fracture, Lupus)

# Guide for Primary Care Providers

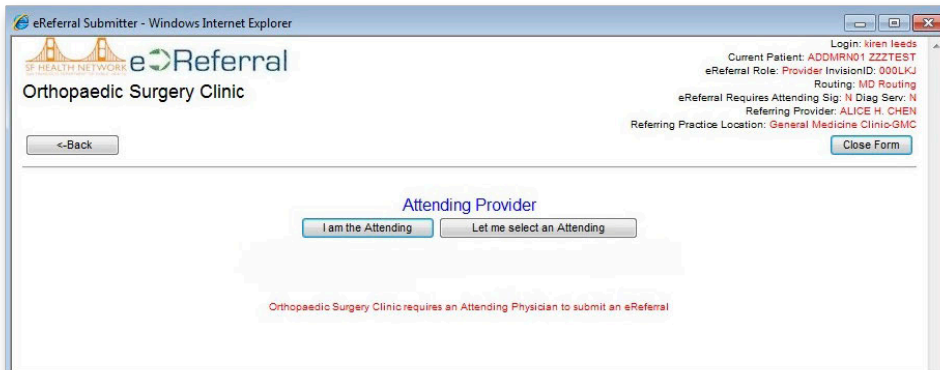
If the person submitting the referral is a provider (MD, NP, PA, etc.), the system will present the option of selecting himself or herself as the referring provider, or selecting someone else as the referring provider. Providers should not be selected as the referring provider without their knowledge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

SFGH Consult Request Web - Windows Internet Explorer

Save as Draft Submit Request

Current Status: New Submission

There are additional questions at the bottom of this Form. You may need to use the vertical scrollbar to the right, in order to see them.

**Diabetes Services**

Since you are submitting for ALICE H. CHEN you will receive eMail notifications if an eMail address is entered.

Submitter: First Kiren j. Last Leeds

Submitter Phone: 206-4523

Submitter eMail: leedsk@medsfgh.ucsf.edu

Source: Web Directory

Patient and Provider information can be up to 24hrs old. Corrections to this information must be made in the LCR.

Patient Information	Referring Provider Information
Name: ZZZTEST, ADMINR01	Name: CHEN, ALICE H MD
Phone: (415)000-0000	CHNum: 107292
ID: MRN: 06000004 SSN: xxx-xx-8383	eMail: ACHEN@MEDSFGH.UCSF.EDU
Insurance: SELF PAY	Pager: 4154437514
Demog: Gender: F DOB: 4/3/1954 Age: 59 Lang: ENG	Click here to Text Page
Address: 1001 POTRERO AVE	Fax: 4152083012
City/State: SAN FRANCISCO, CA, 94110	Ref Loc: General Medicine ClinioGMC
	PagerBox: PagerBox

Attending Provider Information	Primary Care Provider Information
The Referring Provider is an Attending.	There is no PCP assigned to this patient
	The PCP is CLINICAL LABORATORY

All Communication will become part of the Electronic Medical Record (LCR)

**Reason for Consultation**

Include pertinent history, physical laboratory findings, and medications.

DM Additional Information

No DM Clinic Appointment Scheduled

Diabetes Type: Choose one \*

New Dx in last six months?: Choose one \*

A1C in last six months?: Choose one \*

If Not Available in LCR, please enter the value and date of last known A1C

Is Patient on insulin: Choose one \*

Hx of previous DM education?: Choose one \*

Does patient have glucometer?: Choose one \*

Are there any issues (behavioral or otherwise) that would make this patient inappropriate for group participation?: Choose one \*

*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*

Community Health Network of San Francisco [Patient Menu] - Windows Internet Explorer

http://netaccess2.smshealth.com:net/b0nv-ntap-bin/webcptun.exe/PRD/1?KEY=EADLP-EAD-5-0100:0:102

San Francisco Department of Public Health Patient: Zzztest, Addmm01 User: 000LKJ Log Off

Enter a new eReferral

Patient: ZZZTEST, ADMINR01 Age: 59 has been located for this eReferral. If this is not the Patient you intended, please do not submit this eReferral. Click here for an explanation and further instructions.

Please read: It is against DPH Policy to be logged in under another user's account. If this is not you, please log out. If you do not have an account, please contact the Helpdesk at 206-4035 to learn how to obtain one.

eReferral System Status 11/14/2013

No systems issues to report.

Previously Submitted eReferrals Refresh List

List of all eReferrals currently Open since 09/01/2009 for ADMINR01 ZZZTEST. To see eReferrals prior to 09/01/2009, please go to the Notes/Reports section.

Clinic	Referred By	Initial Submission	Recent Submission	Appt Status	Appt Date
CLINICAL LABORATORY	ALICE H CHEN	11/14/2013	11/14/2013	Draft	

FAQ's and help

Previous News Letters

eReferral Clinics and Services

Specialty Clinic Contacts for Notes

eReferral Activity Reports

# 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*

Last Review	Requested Last	Patient Name	MRN	Referring Provider	Admit Status	Internal Note
	12/4/2013 5:10:00 PM			LIETKEMEYER, ANNE F.		<a href="#">New Note</a>
	12/9/2013 10:55:00 AM			SCHILLINGER, DEAN		<a href="#">New Note</a>
12/3/2013 2:00:00 PM	12/10/2013 1:50:00 PM OrigSubmit:11/28/2013			WILLIAMS, ALEXIS This Patient is already scheduled. Referring is submitting additional information.		<a href="#">New Note</a>
	12/3/2013 8:59:00 AM			McCLELLAN, MARY		<a href="#">New Note</a>
	12/9/2013 4:33:00 PM			KANE, ALANA R.		<a href="#">New Note</a>
12/3/2013 11:57:00 AM	12/11/2013 9:49:00 AM OrigSubmit:11/19/2013			MASAI, LISA S.		<a href="#">New Note</a>
11/11/2013 1:58:00 PM	12/10/2013 9:43:00 AM OrigSubmit:11/8/2013			DYNER, TOBY		<a href="#">New Note</a>
12/4/2013 4:48:00 PM	12/7/2013 1:47:00 PM OrigSubmit:12/1/2013			STOUT, SUZANNAH This Patient is already scheduled. Referring is submitting additional information.		<a href="#">New Note</a>
	12/3/2013 12:04:00 PM			WANDS, ALAN CURT		<a href="#">New Note</a>
	12/11/2013 8:25:00 AM OrigSubmit:11/1/2013			DEFREITAS, DONNA		<a href="#">New Note</a>
	12/10/2013 11:56:00 AM			BLEDSOE, SONIA		<a href="#">New Note</a>
	12/10/2013 3:55:00 PM			OLSON, KRISTOFF		<a href="#">New Note</a>
	12/3/2013 6:15:00 PM			JUNA, NICOLE		<a href="#">New Note</a>
	12/4/2013 2:06:00 PM			ANDERSON, JUDITH K.		<a href="#">New Note</a>
	12/6/2013 12:27:00 PM			NGUYEN, CHRISTOPHER		<a href="#">New Note</a>
12/3/2013 1:45:00 PM	12/10/2013 3:30:00 PM OrigSubmit:11/28/2013			THOMPSON, KATHY This Patient is already scheduled. Referring is submitting additional information.		<a href="#">New Note</a>
	11/2/2013 1:20:00 PM			KANSAL, NAMITA G. This Patient has NoShowed to a previous appt.	Facility:Laguna Honda Hospital Service:LHG	<a href="#">New Note</a>
	12/4/2013 4:15:00 PM OrigSubmit:1/4/2013			RAYBURN, VERONICA This Patient has NoShowed to a previous appt.		<a href="#">New Note</a>
7/2/2013 4:05:00 PM	12/11/2013 12:21:00 PM OrigSubmit:8/14/2013			PPOLITO, MATTHEW		<a href="#">New Note</a>
7/18/2013 4:02:00 PM	12/9/2013 4:17:00 PM OrigSubmit:7/1/2013					<a href="#">New Note</a>

**This Patient is already scheduled. Referring is submitting additional information.**

*Already scheduled*

**This Patient has NoShowed to a previous appt.**

*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.

The screenshot shows a web browser window titled "SFGH Consult Request Web - Windows Internet Explorer". The page contains several sections:

- Patient Information:** Name, Phone: (415), ID:MRN, SSN, Insurance, Demog: Gender: M, DOB, Age: 36, Lang: SPA, Address, City/State: SAN FRANCISCO, CA, 94110.
- Referring Provider Information:** Name: LUETKEMEYER, ANNE F. MD, CHNnum: 970289, eMail: ALUETKEMEYER@PHP.UCSF.EDU, Pager: 4154434200, Fax: 4154766953, Ref Loc: Positive Health Practice-Wd88, PagerBox: PagerBox.
- Attending Provider Information:** The Referring Provider is an Attending.
- Primary Care Provider Information:** The Referring is the PCP.
- Reason for Consultation:** A text area containing medical history: "36 yo man from El Salvador, monolingual spanish, HIV+ well, controlled, h/o Hodgkins lymphoma with relapse after chemo, now s/p auto Stem cell transplat 8/2012, now with concern for eosinophilic gastroenteritis and ? accompanying pulmonary syndrome. Has had persistent NV and gastric outlet symptoms ( slowed emptying on emptying study, no frank obstruction) with minimal improvement with Reglan. EDG 11/8/13 with " Duodenal mucosa with chronic inflammation and numerous eosinophils"- no e/o lymphoma or other malignancy. -Has had a history of strongyloidiasis and histoplasmosis, both s/p treatment. Several subsequent o&p have been negative -Reactive airway disease thought to be in part due to TOB induced COPD but has reactive".
- Scheduling considerations:** A text area with the prompt "Please enter below any special scheduling considerations for this patient." and a red dotted line pointing to it from the left.
- Lab Results:** A table with columns "Observe Date", "Test", and "Result". A red dotted line points to the table from the left.

Observe Date	Test	Result
11/5/2013	ABSOLUTE CD4 T CELLS	379
8/21/2013	ABSOLUTE CD4 T CELLS	294
6/19/2013	ABSOLUTE CD4 T CELLS	235
3/27/2013	ABSOLUTE CD4 T CELLS	331
11/27/2012	ABSOLUTE CD4 T CELLS	423
10/10/2012	ABSOLUTE CD4 T CELLS	150
9/6/2012	ABSOLUTE CD4 T CELLS	115
6/25/2013	Activated PTT	30.6

*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)

SFGH Consult Request Web - Windows Internet Explorer

SF HEALTH NETWORK eReferral Hematology Clinic

Submitted: 12/4/2013 5:10:00 PM

eReferral Submitted by: LUETKEMEYER, ANNE F. Phone:4154764082 eMail:ALUETKEMEYER@PHP.UCSF.EDU

**Request Status** Select Status

Note to submitter

Thank you for this referral.

I will schedule this patient for evaluation in the next 2-3 weeks. Obviously, you know this patient and if you feel that they should be seen sooner please re-contact me via the eReferral system and we will overbook them if necessary.

Return to WorkList Complete Review

Check the Boilerplate text you want to paste into your Note (Pasted narrative will append to existing text)

- PreVisit BM
- Onc Referral
- Schedule routine
- unprovokedVTE
- Fe Deficiency
- V Iron
- microcytosis thal

Paste 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*

San Francisco Department of Public Health  
**Endocrinology Clinic**  
 San Francisco General Medical Center  
 You are currently logged in as **gold molvig**

Scheduler View

Last Invision Appointment Process time: 11/20/2013 6:20:00 AM

Appointment Schedule Lists eReferral History All Worklists Print Page Close Browser

View Ready to Schedule Show

Save Checked Appointment List

Scheduling Notes	Patient Name	MRN	Referring Provider	Check if scheduled
<b>Note to Scheduler:</b> Will probably not have room until January, when schedules open. Can go on Murphy, Thomas or any Park. <b>Scheduling Considerations:</b> .....	24	24	CHRISTOPOULOS, KATERINA A	<input type="checkbox"/>
<b>Note to Scheduler:</b> Jan FNA <b>Scheduling Considerations:</b> .	24	24	DEL TREDICI, AARON M.	<input type="checkbox"/>
<b>Note to Scheduler:</b> Any slot. <b>Scheduling Considerations:</b> Due to pan behind esophaagus - with progressive haorseness and some effort swallowing - will order neck CT - records being faxed . . . Due to pan behind esophaagus - with progressive haorseness and some effort swallowing - will order neck CT - records being faxed .	24	24	MCNERNEY, KELLIE	<input type="checkbox"/>
<b>Note to Scheduler:</b> Will need to call patient with appt as homeless. Number below. Any new slot (might need to wait until Jan opens up). <b>Scheduling Considerations:</b> cell phone # 415-577-3763.	24	24	ZEVIN, BARRY	<input type="checkbox"/>
<b>Note to Scheduler:</b> Once US scheduled (order is in) put in FNA slot anytime after that US. Not urgent.	24	24	HELLER, DAVID	<input type="checkbox"/>
<b>Note to Scheduler:</b> Not sure who would have room. Not urgent. We can figure out a good slot on Monday.	24	24	LAM, ANSELM	<input type="checkbox"/>
<b>Note to Scheduler:</b> Park Tuesday December 10 <b>Scheduling Considerations:</b> Will need Cantonese interpreter.	24	24	TRAN, HENRETTEA	<input type="checkbox"/>
<b>Note to Scheduler:</b> Any new slot.	24	24	LI, SHIRLEY	<input type="checkbox"/>

total eReferrals: 8



# eReferral Reviewers as of March 2014

## **SFGH eREFERRAL ADULT MEDICINE REVIEWERS**

### **Allergy**

Naveena Bobba, MD

### **Cardiology**

Mary Gray, MD

### **Chest Specialty Services**

Adithya Cattamanchi, MD

Antonio Gomez, MD

### **Diabetes**

Sarah Kim, MD

Charlotte (Mimi) Kuo, NP

Audrey Tang, NP

Deborah Heuerman, NP

### **Direct Access Endoscopy**

Lukejohn Day, MD

### **Endocrinology**

Elizabeth Murphy, MD, DPhil

Jennifer Park-Sigal, MD

### **Gastroenterology**

Justin Sewell, MD, MPH

### **Geriatrics**

Anna Chodos, MD

### **Hematology**

Bradley Lewis, MD

Theodore Bush, CRN

### **Liver**

Mandana Khalili, MD

### **Neurology**

Sean Braden, NP

### **Oncology**

Judith Luce, MD

Donald Abrams, MD

### **Renal**

Sam James, MD

Ramin Sam, MD

### **Rheumatology**

John Imboden, MD

### **TB Clinic**

Julie Higashi, MD, PhD

Chris Keh, MD

## **SFGH eREFERRAL SURGERY REVIEWERS**

### **Anesthesia Preoperative Clinic**

Shane Loetterle, PA

Oliver Radke, MD, PhD

### **Breast Surgery**

Diane Carr, NP

Diane Robbins, NP

### **General Surgery**

Danielle Berthold, MD

Meghan White, NP

### **Neurosurgery**

Sean Braden, NP

Geoffrey Manley, MD, PhD

### **Orthopaedics**

Diane Putney, NP

Brenda Stengele, NP

### **Otolaryngology (ENT)**

Christina Herrera, NP

Marika Russell, MD

### **Plastics**

Esther Kim, MD

Scott Hansen, MD

### **Podiatry**

Erica Eshoo, NP

Monara Dini, DPM

Diana Werner, DPM

### **Urology**

Benjamin Breyer, MD

Sarah Blaschko, MD

### **Vascular**

Shant Vartanian, MD

## **SFGH eREFERRAL PEDIATRICS REVIEWERS**

### **ADHD Behavior**

Janis Mandac-Dy, NP

Peter Ferrer, MD

Shonul Jain, MD

### **Child and Adolescent Services**

Caren Schmidt, PsyD

### **Developmental Pediatrician**

Janis Mandac-Dy, NP

Shonul Jain, MD

### **Medical-Legal Partnership**

Amy Whittle, MD

### **Multidisciplinary Assessment Center (MDAC)**

Janis Mandac-Dy, NP

Shonul Jain, MD

## **SFGH eREFERRAL DIAGNOSTIC SERVICES REVIEWERS**

### **CT**

Nancy Omahen, NP

Ryan Sincic, NP

Alexander Rybkin, MD

### **Diagnostic Breast Imaging**

Diane Carr, NP

Diane Robbins, NP

### **Fluoroscopy**

Nancy Omahen, NP

Ryan Sincic, NP

Alexander Rybkin, MD

### **MRI**

Nancy Omahen, NP

Ryan Sincic, NP

Alexander Rybkin, MD

### **Sleep Study**

Adithya Cattamanchi, MD

Antonio Gomez, MD

### **Ultrasound**

Nancy Omahen, NP

Ryan Sincic, NP

Alexander Rybkin, MD

## **SFGH eREFERRAL WOMEN'S HEALTH REVIEWERS**

### **Breast Evaluation**

Diane Carr, NP

Mary Scheib, MSN, NP

### **Gynecology**

Rebecca Jackson, MD

Abner Korn, MD

Jody Steinauer, MD

### **Obstetrics**

Rebecca Jackson, MD

Naomi Stotland, MD

## **SFGH eREFERRAL REHABILITATION SERVICES REVIEWERS**

### **Occupational Therapy**

Karen Pittbladdo, OT, CHT

### **Physical Therapy**

David Snyder, PT, MS, OCS

### **Speech Language Pathology**

Karen Pittbladdo, OT, CHT

## **SFGH eREFERRAL OTHER PROGRAMS REVIEWERS**

### **Comprehensive Pharmacy Care**

Jaekyu Shin, PharmD

### **Health At Home**

Morgen Elizabethchild, RN, PHN

Jane Drobot, RN

### **Psychosocial Medicine**

Susan Scheidt, PsyD

Nicole Yee, PhD

### **Respite Program**

Shannon Smith, RN, MSN, CNL

Elizabeth Gatewood, NP

Eric Bellfort

### **Transgender Health Services**

Barry Ervin, MD

## **LAGUNA HONDA HOSPITAL eREFERRAL REVIEWERS**

### **Cardiology**

Priscilla Hsue, MD

### **Infectious Disease**

Sarah Doernberg, MD, MAS

### **Gynecology**

Priscilla Abercrombie, RN, NP,

PhD, AHN-BC

### **Nephrology**

Anitha Toke, MD

### **Neuropsychology**

Erika Zipf-Williams, PhD

Tera Bonora, PsyD

Brenda Austin, PhD

Jilliann Daly, PhD

### **Otolaryngology (ENT)**

Marika Russell, MD

### **Pain Clinic**

Anne Hughes, RN, PhD

Grace Dammann, MD

### **Psychiatry**

Vera Chow, MD

Michael Coleman, MD

James Prince, MD

### **Psychology**

Erika Zipf-Williams, PhD

### **Substance Abuse Treatment Services (SATS) Program**

James Zelaya-Wagner, LCSW

Tamara Orzynski

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Program Manager

**Kjeld Molvig**

SFDPH Internal Application Manager

**Elizabeth Murphy, MD, DPhil**

Specialty Lead

**Justin Sewell, MD, MPH**

Evaluation

**Delphine Tuot, MDCM, MAS**

Evaluation Lead

**Greg Woelffer**

SFDPH Infrastructure Manager

For more information, visit [www.ciaqsf.org](http://www.ciaqsf.org).



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# CIAQ

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