WHY THE FUTURE OF HEALTHCARE DEPENDS ON ELECTRONIC PHYSICIAN REFERRALS
INTRODUCTION

As the healthcare industry moves rapidly towards a value-based model of care, the importance of electronic referral management, physician referral management and clinical messaging are also growing in importance. Improving the quality of care for whole populations while simultaneously reducing costs requires the use of technologies such as electronic health records (EHR), health information exchanges (HIE) and electronic/physician referral management. Only through these achievements can Physician practices, hospitals and health systems expect to improve the referral processes, information exchanges, patient care coordination and advanced clinical collaboration necessary to improve public health in measurable ways.

Healthcare providers are quickly recognizing the value of electronic referral management and Physician referral management as vital to bottom-line revenues and long-term sustainability. According to Jennifer Covic Bordenic, CEO of eHealth Initiative, a growing number of providers are seeking solutions that “generate a seamless flow of information between affiliated referring Physicians and hospital-based providers.”

Underlying this seamless flow of information are technological advances that are in their genesis: expansive and robust HIEs, agnostic EHR systems, robust workflow portals, and standardized messages that can be translated and understood across systems.

Entities, such as the Commonwell Health Alliance, and EHRs, such as Epic, have strategies to support these objectives. However, as healthcare continues to evolve, more healthcare IT developers, healthcare CEOs, Physicians and government agencies will also need to evolve with it. This means tackling and improving upon critical processes such as Physician referrals.
Physician referrals grew nearly 10 percent from 1998-2008. The move towards value-based care means that Physician referral processes must be transformed to improve the quality of care and reduce costs.

Transforming the Physician Referrals Process

Prior to the development of healthcare technologies such as EHRs, there were no alternatives to Physician referrals. For decades, referrals were, and in many cases still are, managed through a time-consuming and error-prone process involving faxing, photocopying and filing paper referrals.

Government initiatives to reduce costs and improve patient care through the HITECH Act and Meaningful Use program have propelled healthcare providers and organizations to adopt technologies that enable them to electronically transmit prescriptions, lab results and specialized registry information. Moving forward, healthcare providers and organizations will be expected to demonstrate high-quality clinical outcomes that support new models of care and address national health priorities.

To achieve this, significant improvements must be made in provider-to-provider communication and the patient journey through the healthcare system. Providers must be able to talk to other providers and patients must be able to move from a primary care provider (PCP) to a specialist in an efficient and timely manner.

Electronic Referral Management

Electronic referral management cuts to the core of cumbersome Physician referral processes. According to CAREfx, electronic referral management addresses common problems that result from paper-based referrals, including insufficient information provided to specialists, lack of timely feedback to referring providers, limited workflow or workspace for referral coordinators, inefficient referral tracking, and inadequate use of EHRs – all of which compromise patient care and safety.

Eliminating paper-based referral systems and moving to electronic referrals via EHR systems has multiple benefits:
• Improves Physician-to-Physician communication and collaboration
• More efficient care coordination
• Increases in referral volume and revenue
• Makes first visits more effective
• Decreases patient wait time
• Reduces no-shows
• Greater satisfaction rates among Physicians, patients and health partners

Such improvements have already been realized. An InformationWeek article reported that the Boston Medical Center is projected to grow its revenues, plus save $7 million in the next five years due to electronic referral management. The Center’s electronic referral portal provides coordinators with a workspace that guides them through the referral process, which includes sending key patient information to specialists. Referrals that once took 30 days to process now take just two days.

A clinical information exchange (CIE) launched by Boston HealthNet provided the backbone for the Center’s electronic referral portal. The CIE was built using HIE industry standards and allows Physicians to access patient data through local federated and central repositories.

A study by the Agency for Healthcare Research and Quality (AHRQ) also showed similar results. The study evaluated how a Web-based electronic and referral system developed by the University of California San Francisco (UCSF) solved problems of poor communication and coordination of care between primary care and specialty care providers.

The study found that urgent care was accelerated, with up to 37 percent of referrals expedited; wait times for new patients were substantially decreased; specialists saw significant improvements in their ability to identify the appropriateness of referrals; and communication between PCPs and specialists improved. The PCPs and specialists involved in the study reported to be either “satisfied” or “very satisfied” with the electronic referral system, and believed that it improved access to specialty care, improved the quality of care, and improved administrative efficiencies in managing referrals.

To fully understand the value of electronic referral management and the role of HIE and EHR in it, healthcare providers and organizations must first understand where breakdowns occur in the referral process and then take the necessary steps to improve and standardize it.

Part of this understanding includes recognizing the role of front office staff in the referrals process and working to improve conditions for them. Front office staff, who are charged with processing referrals, are often bogged down with other administrative tasks that raise the potential for referral errors when using
manual processes. Developing solutions that improve workflow and efficiencies with front office staff in mind are considerations that every EHR, HIE and e-referral developer must make.

**Managing Referral Relationships**

Understanding referral patterns and existing relationships is another key part of improving the Physician referral process. Doing so will allow hospitals to identify and partner with high-value Physicians, understand what services attract high-volume referrals and use, make better decisions about ongoing programs and future expansions, and drive inpatient, outpatient and post-acute care coordination.

This requires at least a 4-step process that includes analyzing market opportunities by geographic market, Physician practice type and Physician specialty; analyzing your current referral base to understand referral penetration by specialties; ranking and segmenting Physicians in your markets by referral penetration and referral potential; and developing targeted strategies for each segment.

To achieve this, both hospitals and the EHR systems they use will need access to a database of Physician information that includes key referral details such as location, ZIP code detail, affiliations, areas of specialty, organizational capabilities and more. Healthcare Data Solutions’ HealthcareData360 is one of the only existing databases that provides a complete crosswalk of data between providers and organizations.

Physicians, too, have a role to play in managing referral relationships. According to the Annals of Internal Medicine, the average Physician refers to 229 other Physicians. Additionally, a 2009 New York Times articles estimated that Physicians receive up to 45 percent of new patients by referrals, usually from other Physicians. Thus, helping to build and maintain their referral base and keeping referring doctors happy is a critical, if somewhat frowned upon, practice that all Physicians of the future must take seriously.

Small gestures, such as handwritten thank-you notes, lunches and periodic visits to referring Physicians go a long way in strengthening and maintaining referral relationships. Attending community events and lectures are other ways in which Physicians can network with potential referrers.
Enhancing Interoperability with Clinical Messaging

Clinical messaging capabilities lie at the heart of health information exchanges and interoperability, both of which are essential for electronic Physician referrals. When built upon privacy, security, interoperability and messaging standards, clinical messaging capabilities are what enable the seamless exchange of electronic health information across communities.

Surescripts, a network that allows clinical care information such as referrals, immunization records and discharge summaries to be transmitted between peers, recently expanded clinical messaging capabilities to Inofile, Greenway, SCI Solutions and SOAPware. Health technology vendors connected to the Surescripts network are able to communicate with each other through a HISP-to-HISP connection. In 2012, the EHR vendor Epic partnered with Surescripts to link Epic’s Care Everywhere platform to the Surescripts network, which would allow Epic users to send secure clinical messages, referrals and other health information to providers who use different EHRs.

Additionally, the CommonWell Health Alliance, a coalition of EHR vendors, also debuted its interoperability system this year. The goal of the system is to provide a reliable patient matching system that can be utilized by acute-care and ambulatory-care EHRs. CommonWell also has plans to create interoperability between the practices, the ED and the hospital for participating members, but the absence of regional HIEs and the inability of statewide HIE are barriers to the exchange of data at the local level. Plans for secure clinical messaging over the Internet are being developed to allow clinical summaries to be sent.

While recent estimates from the CDC show that 78 percent of office-based Physicians are using EHRs, only 13 percent of them have EHR systems that can support Stage 2 Meaningful use requirements. Thus, interoperability at a level in which disparate EHRs can communicate with each other in meaningful, measurable and impactful ways are goals that EHRs and other technology vendors should aim for.
Transformative Data for Physician Referrals

High-quality master data is integral for facilitating and transforming the Physician referrals process. The right data provides a 360-degree profile of Physicians, including current location, age, Physician specialty, affiliations and linkages, sanction activity, professional designation, credentials, Board certification, educational background, and years in practice.

Case Study: University of Texas, MDI Anderson Cancer Center

The Physician Communication Initiative (PCI) conducted an operational study of the Physician referral process at the University of Texas MD Anderson Cancer Center. The study found several operational and data gaps that prevented the Center from maximizing patient referrals, including the absence of standardized processes for collecting Physician data and validating Patient-Physician links. MD Anderson’s staff used three methods to validate links: phone, a 3rd party database, or national databases such as the NPI registry.

With over 7,000 link requests made each month and the processing limited to one office at the Center, MD Anderson was in need of standardized practices that enabled it to continuously collect and validate Physician information. After implementing a number of PCI-initiated improvements including the use of HDS data, the Center experienced a 35 percent increase in Patient-Physician links. Additionally, 80 percent of the Center’s new patient referrals now have at least one Physician link associated with them.

To learn more about HDS databases such as PhysicianPRO® and HealthcareData360, call 1-877-472-9066.