Patient Centered Medical Home: Optimizing the Referral Processes

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BACKGROUND

• Subspecialty referrals are an integral component of coordinated medical care in the Patient-Centered Medical Home. Residents in our practice have noted that a subset of referrals are not consistently completed. To enhance the patient experience, we started a quality improvement project in February 2014.

OBJECTIVE

• The objective of this study was to determine and reduce the percentage of non-completed referrals, defined as referrals made by providers but not attended by patients.

METHODS

• We did a manual search of ordered referrals that appeared to have “No action.” We were able to more accurately subdivide the groups with no known action into 1-Patient will schedule, 2-Appointment not needed, 3-Appointment completed or cancelled, 4-Other (appointment scheduled at external facility, appointment scheduled internally but cancelled, patient arrived at internal appointment, or other miscellaneous.)

RESULTS

• Based on the computer algorithm, 2067 internal referrals were made to providers within the Albany Medical Center system. Of this total, 1330 (64.3%) were successfully completed, 319 (15.4%) were scheduled but not completed, and 418 (20.2%) had a physician ordered referral that had no known action. [Figure 1]

• We performed a manual review of the 418 orders without known action and further subdivided these as categorized below. [Figure 2]

CONCLUSIONS AND DISCUSSION

• One major obstacle in tracking internal referrals was the complexity in mining the data from the Allscripts EHR.

• Of the 20% of referrals with no known action, about half were documented as patient will schedule, thereby limiting our ability to further track these external referrals.

• 16% of our scheduled internal referrals were not completed; we wish to stratify this data to better understand the barriers to care.

• We are currently analyzing the stratified data in order to identify interventions that will improve our completion rate. These interventions also include improving communication among IMG staff and implementing dedicated referral staff to coordinate patient appointments.