Improving Referral Communication

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For patients, the referral experience is often disjointed and unsettling; for providers, it is often frustrating and anxiety-provoking. Practice staff are caught in the middle with often insufficient answers to questions from patients and providers.

Accurate, timely, and efficient referral communication in the ambulatory setting is a cornerstone of safe, high-quality care coordination. The Joint Commission’s patient safety goals for 2009 include improving the effectiveness of communication among caregivers by implementing standardized approaches to hand-off communications, such as communication among referring providers and specialists.

Ensuring that a patient’s referrals (often to multiple specialists) are scheduled, the patient is seen, and reports are returned and viewed by the referring provider is a challenging series of tasks. Variable systems for tracking and monitoring (phone and fax are the current norm) are resource-intensive and fallible. Problematic access to specialists, misaligned patient and provider expectations for timely referral and report, and lack of shared referral processes due to non-communicating information systems amplify the challenges. At Partners HealthCare, we are hoping that our electronic medical record-based referral module—which more efficiently delivers referral information to the specialist (and specialists’ reports to the referring provider)—can be adopted in other settings.

Challenges posed by the referral process

Consider the example of a primary care physician (PCP) referring her patient to three different specialists (within) her system: a cardiologist for recurrent palpitations, a gastroenterologist for a screening colonoscopy, and a dermatologist for an unusual rash. The PCP has several options:

1. a referral module in the electronic medical record (EMR), linked to her staff’s work queue;
2. a PCP checkout form that the patient will bring to the front-desk at the end of the visit;
3. a referral form required by the specialist;
4. a verbal request to a designated staff member in her office; or
5. a verbal request to the patient to schedule his/her own appointment with the specialist.

Staff in the practice receive the request and connect with each of the specialty practices on behalf of the patient, or offer assistance for option #5 if it is requested by the patient. The practice referral staff then determines which process (phone call, fax, web-based form, etc.) is required by each specialty.

In our example, the cardiologist’s office wants a phone call, the gastroenterology practice utilizes a web-based form, and the dermatology practice requires that a paper form be completed and faxed to its office. The phone call to the cardiologist’s office results in a voicemail request for a return call. The gastroenterology practice receives the web-based request, but it is unclear to the staff person sending the request what will happen next. The dermatology practice receives the request via fax, but has trouble reading it due to poor quality and will have to call back the sending practice for clarification. Meanwhile, the patient is anxious about the status of the cardiology appointment because the provider indicated it should be scheduled within two weeks. She has forgotten all about the referral for the colonoscopy.

Clearly, the process of simply getting ready to schedule referral appointments is complicated, time-consuming, and inefficient.

A Single Source Solution

The Massachusetts General Physicians’ Organization (MGPO) has undertaken a project to develop an information-technology (IT) application that provides a single source for requesting, tracking, and monitoring all internal referral requests. The goals of the project are to 1) standardize the referral process, providing a consistent experience for patients and providers, and 2) increase efficiency and transparency, enhancing staff’s access to referral information.

Our first step is to develop agreement on standards for:

- responsibilities: e.g., the receiving practice calls the patient to schedule;
- service-level expectations: e.g., appointments are scheduled within two weeks of the request; and
- operational guidelines: e.g., practices are monitored for adherence to scheduling best practices.

The second step is to build an IT application that enables a user-friendly, efficient, and flexible referral process that fits into various workflows.

MGPO is developing a standalone, web-based application that interfaces with both Partners’ longitudinal medical record and the MGH Laboratory of Computer Sciences’ OnCall system, as well as the hospital’s IDX outpatient scheduling system. Referring and specialty physicians using different EMRs will be able to easily move from patient’s medical records to the referral IT application. Integration with the EMRs will promote appropriate physician participation in the referral process, adding clinical value by removing physicians from administrative steps of the process, and link visit notes relevant to the referral request.