



Introduction: What you will Find in This Module

The referral process is a bit like the tango in that it requires partners to work in coordination to optimize the outcome. Done well, referrals provide important and timely specialist recommendations for patient care without undue burden for clinicians or patients. But frequently, the referral process creates frustration and additional work for clinicians and patients. Optimizing referrals is a core activity of care coordination, valued by all stakeholders in the value-based payment environment. It can also reduce the burden for you and your staff caused by missed appointments and incomplete patient information.

This module will address improvements from both the primary care and specialist perspective as well as the important role of the patient and family.

Managing Referrals

Assess your Current Referral Process

From the TCPI Change Package:

1.5.4 Ensure quality referrals. Engage members of the medical neighborhood to ensure a high level of service and quality.

Start with an assessment of current referral processes to determine how well you manage referrals today. The following steps will help you to complete this assessment and determine where you stand.

1. Gather a team of staff members that contribute to the referral process.
2. Map or outline your current process. It is important to map your process as it really exists today, not how anyone thinks it is supposed to work.
 - *Bringing the staff together for this activity may uncover inefficiencies, work-arounds, and frustrations that you did not know existed before.*
 - *You can find videos describing process mapping on [YouTube](#).*
3. Reach out to a colleague that you refer patients to (if you are primary care) or that refers patients/clients to you (if you are a specialist). Say that you want to see if you can help patients and the practice. Emphasize what you'd like to do for them rather than what they are doing wrong. Ask them if they receive the information they need from you in a referral. This conversation will contribute ideas for improvement as you work through changes to the referral process.

4. Once the assessment of your current process is complete, compare your current process to the 'ideal' process listed below and make decisions about what you want to improve.
5. Systematically make changes to your process and document these changes. Start with your pain points (the most annoying parts) and involve all relevant staff in changes. Those involved in the process know where challenges exist.

Primary Care: Components of an 'Ideal' Referral Process

The steps below describe an ideal referral process for primary care providers. The resources listed below provide additional guidance.

1. **Prepare Your Patient:** Have a collaborative conversation with patients to ensure that they understand the reason for specialty care and agree to the referral. They should understand what the referral will add to their care and specifics such as contact information and location. The patient should also understand whether they need to schedule the appointment or if the specialist will contact them to arrange the appointment.
 - AHRQ's [Teach-back](#) technique may be helpful to ensure patients understand the importance of the referral. Teach-back is a technique for health care providers to ensure they have explained medical information clearly so that patients and their families understand the message communicated to them.
2. **Provide a High Value Referral Request:** Clearly state the clinical question asked of the specialist and provide supporting data such as prior treatments, related imaging or tests, and the urgency of the referral.
 - Many clinicians find the [ACP High Value Referral Request checklist](#) helpful to establish referral guidelines, including pertinent data sets for common conditions. The [ACP High Value Care Coordination toolkit](#) also contains pertinent data sets available for common conditions
3. **Define the Specialty Role:** Clarify what you are asking of the specialist. You may need the specialist to evaluate and see if a referral is necessary, or perform a procedure, or perhaps you want the specialist to assume care for a patient until they are stable.

There are several possible ways clinicians can work together:

- Pre-consultation/ pre-visit assistance/preparation
- Medical Consultation: Specialist evaluates and advises with recommendations for management and sends back to the primary care provider (PCP).
- Procedural Consultation: Specialist to confirm need for and perform requested procedure, if deemed appropriate.
- Shared Care Co-management: PCP and Specialist share the care for the referred condition (PCP lead, first call).

- Principal Care Co-management: Specialist assumes principal care for the referred condition (Specialist lead, first call).
- PCP assumes management and care, once condition is stable.
- Specialist assumes ongoing care for this condition.
- Complete transfer of care (e.g. Pediatric to Adult Care transition, new clinician/practice): Referred to clinician assumes full responsibility for the care of this patient.

4. **Close the Referral Loop:** Ensure that the referral you made was completed. You should either receive a referral note or notification that the patient did not show or canceled. Many clinics periodically review open referrals and track down what happened, calling the specialist if needed. This step also involves confirming that the referring clinician acknowledges the specialist's recommendations and that the patient attended the specialist appointment.

Specialty Care: Components of an 'Ideal' Referral Process

The steps below describe an ideal referral process for specialty care providers. The resources listed below provide additional guidance.

1. **Review the referral when received:** Look at new referrals in a timely manner. Specialty care practices should set up a review process to look for [pre-consultation](#) requests, evaluate that the clinical question is clear, the supporting data is available, and the urgency of the consultation is accurate. Specialty care offices should ensure they have systems to evaluate and accommodate urgent referrals.
2. **Ensure the appointment is set at the appropriate time with the right clinician:** Ensure that patients with urgent needs are not waiting too long and match the care request with the expertise of the clinician who will see them. This is especially important when specialists focus in more specific areas.
3. **Provide clear recommendations to patients and families.** Use [shared decision making](#) and [teach-back](#) to ensure clarity and understanding. Give a written summary to patients that includes any decisions for care and recommendations in clear language.
4. **Provide a High Value Referral Response:** Include important information for patient care in a timely manner. The response should include what the specialist will do, what the referring clinician needs to do, and what the specialist instructed the patient to do. The response should also acknowledge the ongoing role of the specialist. The ACP's [High Value Referral Response checklist](#) contains suggestions for a comprehensive response.
5. **Close the Loop:** Communicate with referring clinicians if the specialist does not see the patient for any reason. The specialty practice should notify referring clinicians of no shows, cancellations, or if the specialist referred the patient to another specialist who could more appropriately answer the clinical question.

Resources

The following resources provide additional detail regarding the referral process:

- [ACP High Value Care Coordination \(HVCC\) Toolkit](#)
- [ACP SAN High Value Care Coordination Training Materials](#)
- [Safety Net Medical Home Initiative Care Coordination](#)
- [Rural Health Information Hub Rural Care Coordination Toolkit](#)
- [4 Pillars of Successful Referral Management](#)