

PPC 7: REFERRAL TRACKING

Element A: Systematic Tracking of Referrals

Items 1, 2, 3, and 4: Origination, CHC-A details, Tracking status, Administrative details

MAKING AND MANAGING INTERNAL AND EXTERNAL REFERRALS Clin352

Author(s):
Quick Reference: Y/N
Scope: CHC-A, Operations
Responsible Director(s): CHC-A, Operations
Approval/Date: 9/29/08

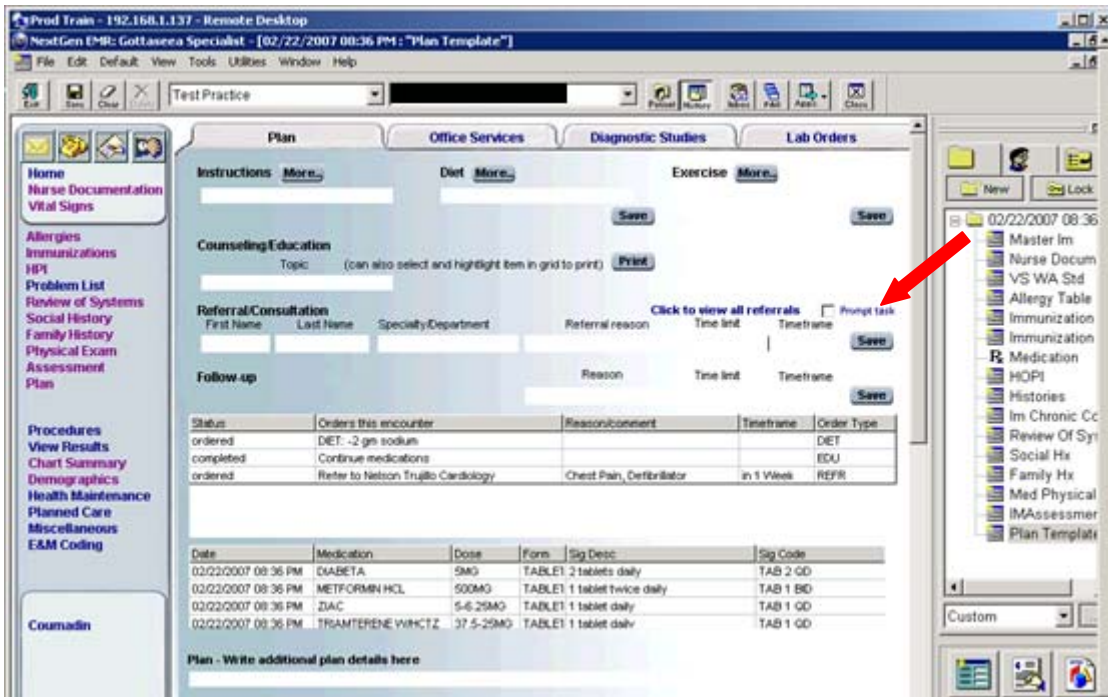
DESCRIPTION: This procedure describes the process by which both internal and external referrals are made in NextGen, plus the process by which the referral case managers track and follow-up on all processed referrals.

PURPOSE: The purpose of this procedure to ensure timely and accurate processing of new referrals in addition to accurate and timely tracking and followup of processed referrals.

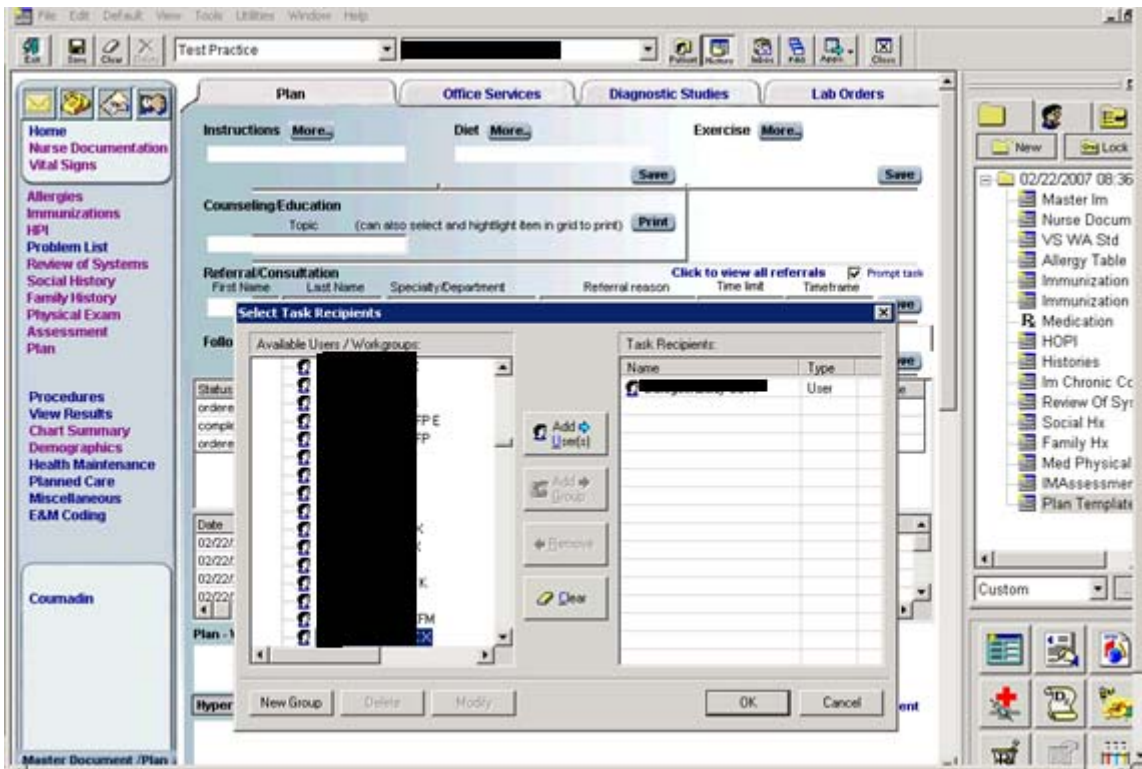
PROCEDURE:

Referral Process at CHC-A

1. Provider orders the referral in the plan template. Ordering here will automatically enter the order and date into the Referrals grid (see below). Before leaving this screen, the provider should make sure the “Prompt Task” box is checked.

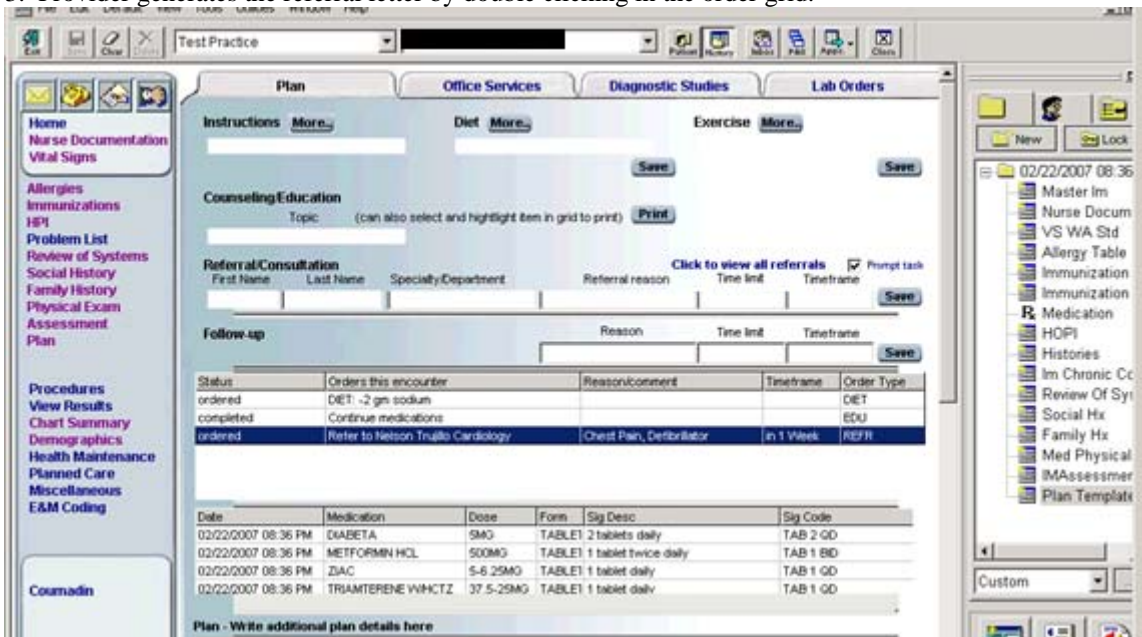


2. Provider sends task to the appropriate Referral Case Manager group.
CHC-A
PCMH Recognition Application

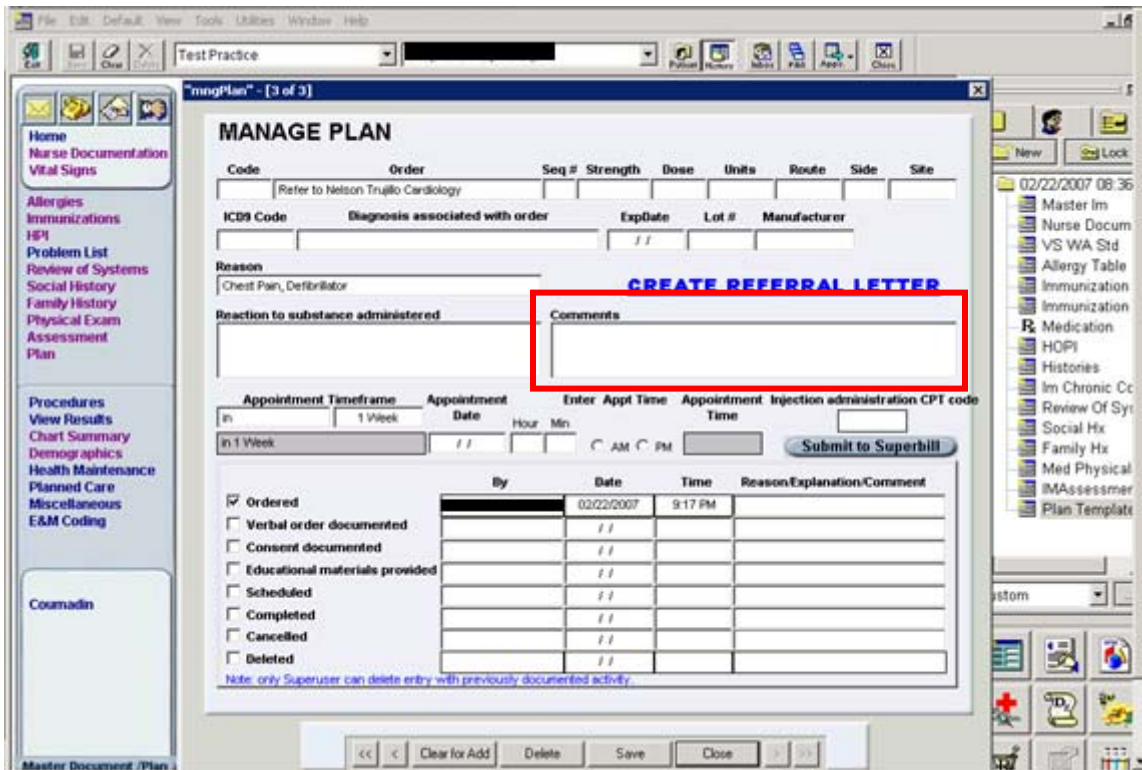


If the referral is urgent, please call, email or locate the referral case manager at once.

3. Provider generates the referral letter by double clicking in the order grid.

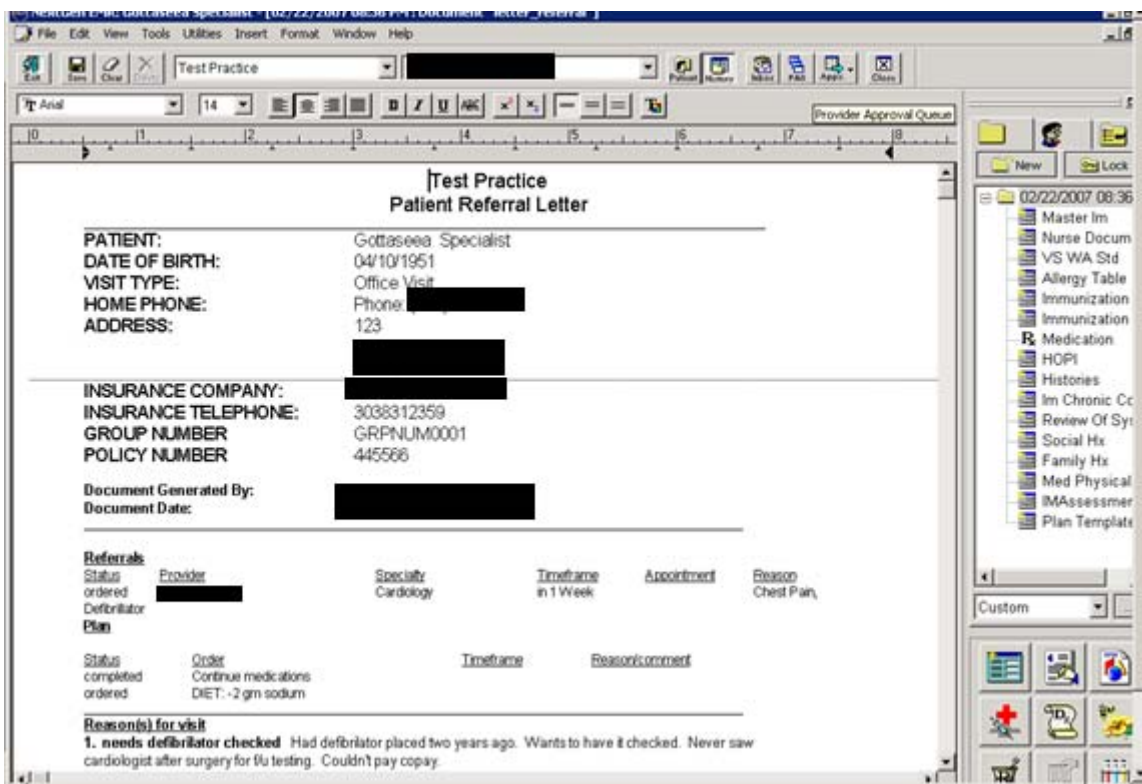


4. The **MANAGE PLAN** screen will pop up with the referral information.

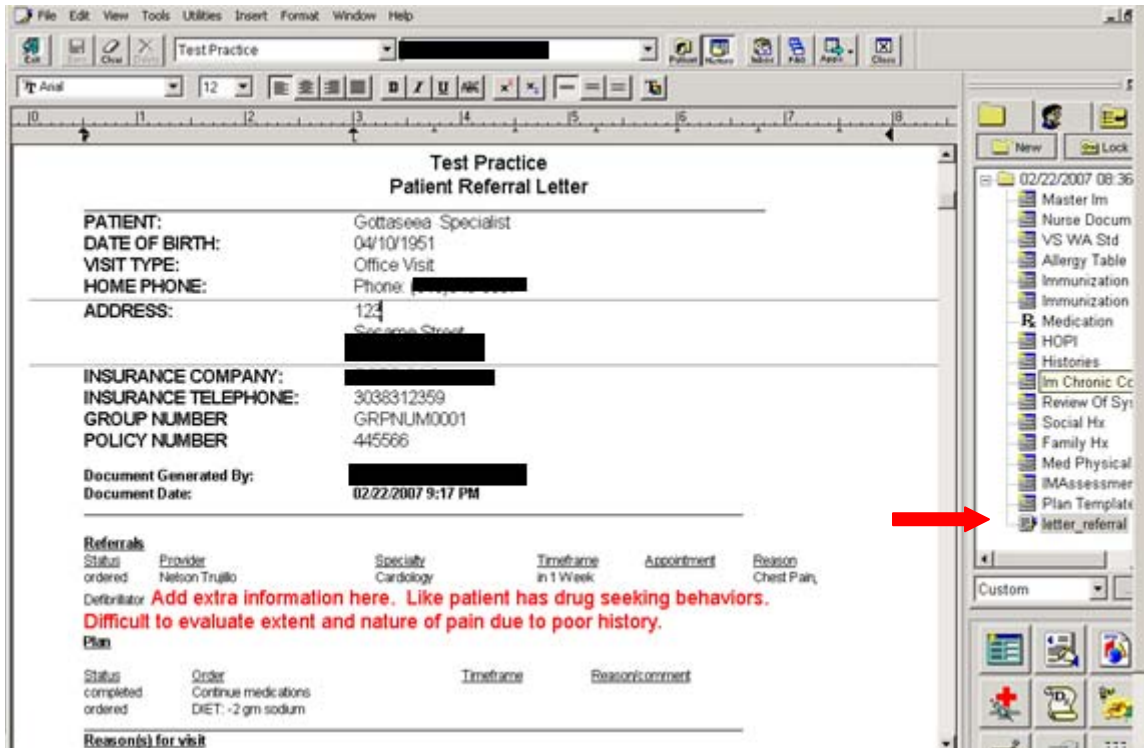


Providers should use the comments field in the **MANAGE PLAN** screen to instruct the RCM which additional information should be sent to the specialist (i.e. labs, x-rays, CTs other referral information). This field will not be concatenated.

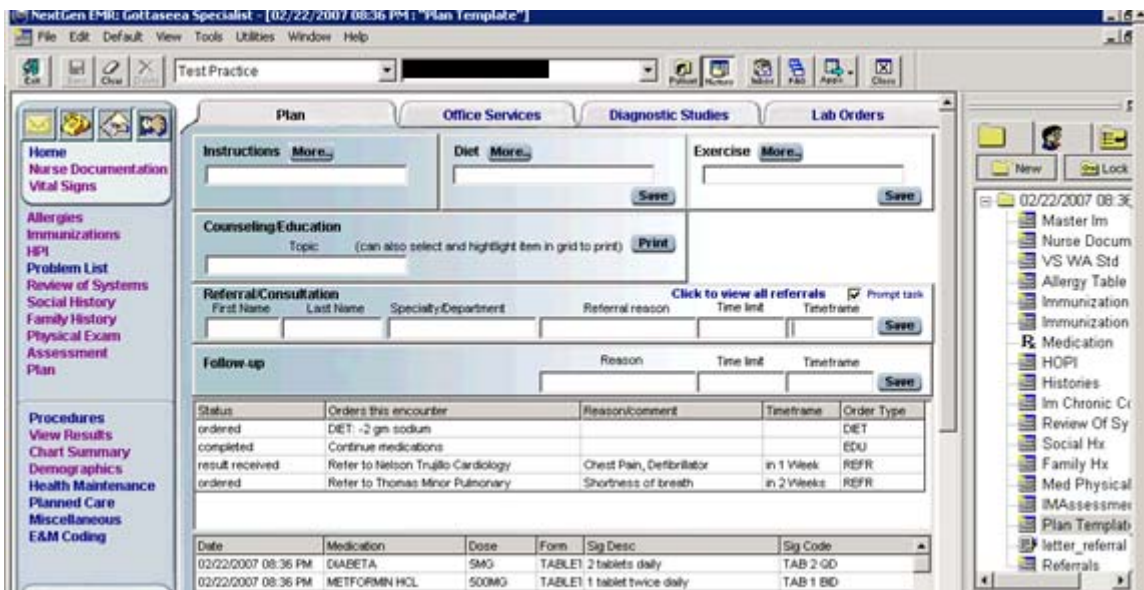
5. The provider will double click on the **CREATE REFERRAL LETTER** active text.

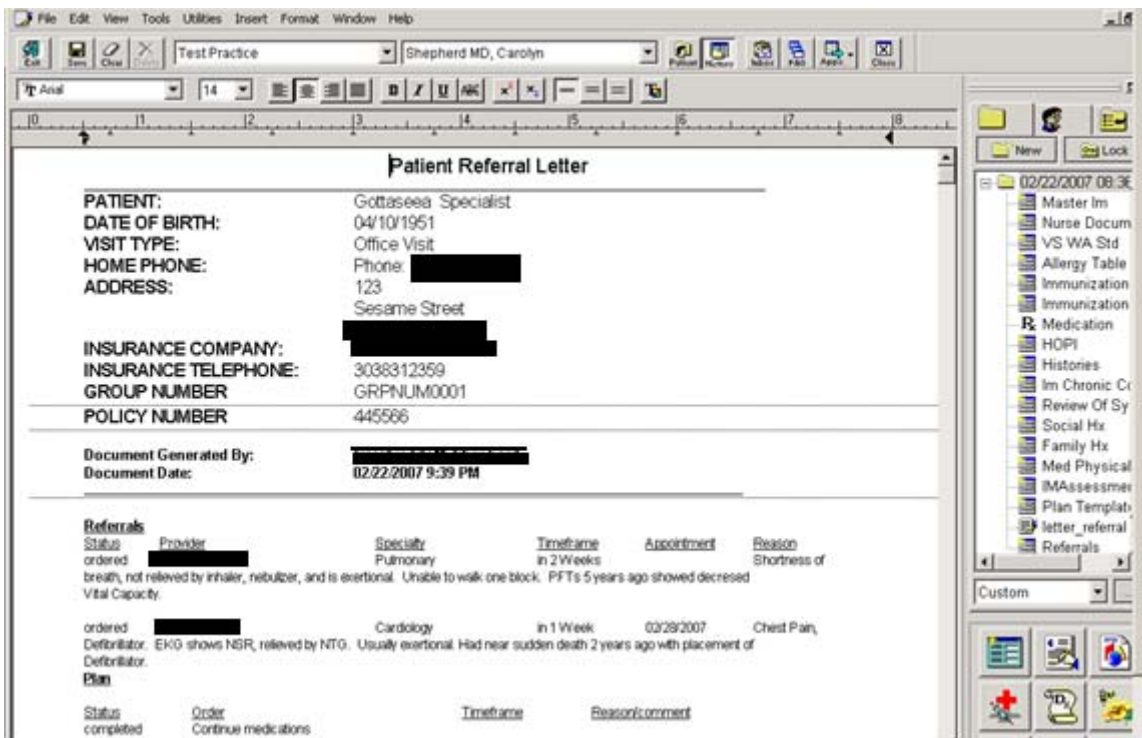


6. The provider will add any text to the document that they feel is pertinent. It will automatically pull the Medications and Chronic diagnoses



7. If there is more than one referral, the provider should make the referral document as complete as possible for the multiple referrals. The referral case manager can then send the referral document to as many specialists as is necessary. **There can be only one referral letter generated for each encounter.**

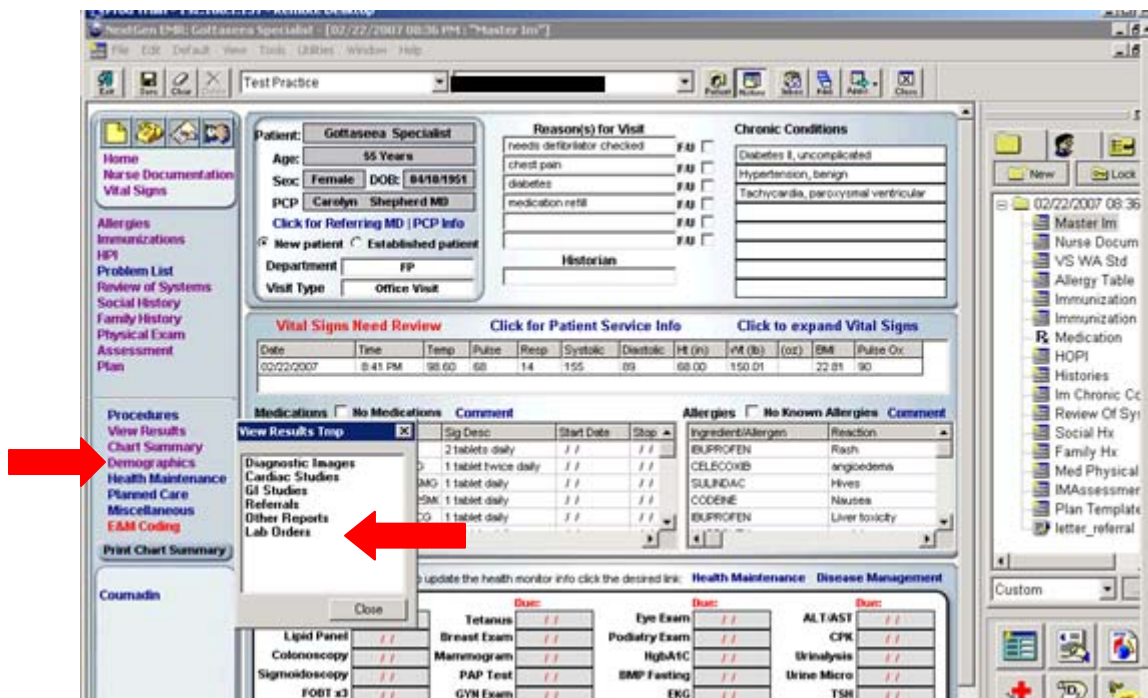




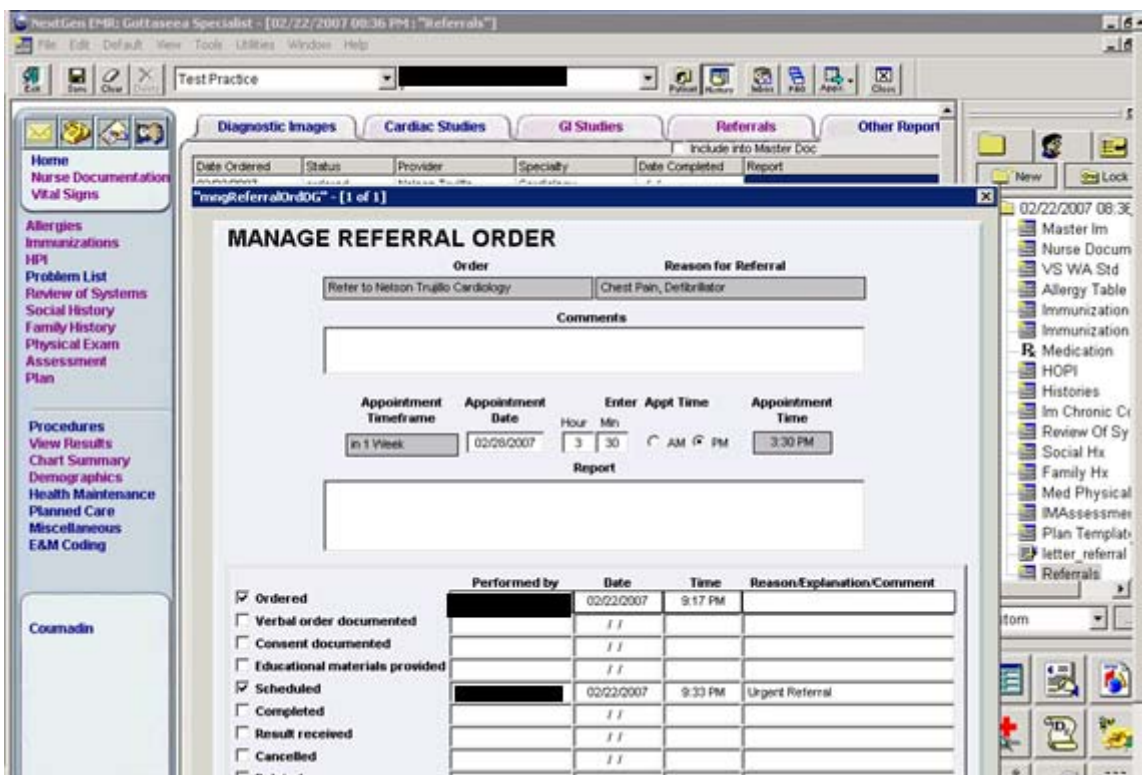
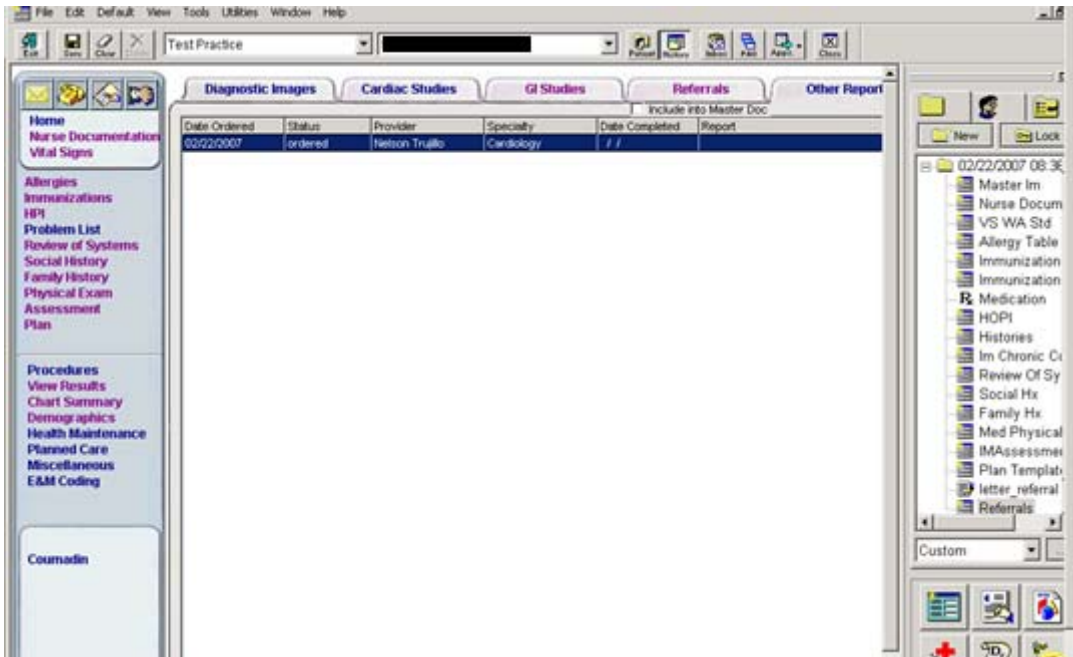
8. Always remember to save the document once finished with the additions. The provider has finished the ordering of the referral.

Managing the Referral:

1) The referral case manager reviews their task, the referral letter document, and then goes to the referral grid by opening the **View Results** active text on the left. If the encounter is already locked this can be done after creating a new encounter and selecting Chart Update as the visit type.



2) The case manager will then see the referral grid by selecting Referrals from the pop up box. By double clicking on the referral in the grid they will get the MANAGE REFERRAL ORDER template.



- 3) The case manager will get an authorization number when required, schedule the specialty appointment and mark on the manage order screen that they have scheduled the appointment by choosing the “Scheduled” checkbox and entering the date of the appointment in the Appointment Date field above the Report section. Once scheduled, the RCM will fax a copy of the referral letter to the specialty practice where the patient is to receive care. All attempts to contact the patient for scheduling will be documented by the RCM in the Comments section of the Manage Referral Order screen.
- 4) If the RCM gives the specialty provider information to the patient and instructs the patient to call the specialty practice for an appointment, the RCM clicks in the checkbox “Educational materials provided” and documents in the comments field that the patient was given provider information for scheduling.

Note: The comments field should be used by the case manager for documentation such as, authorization number, attempted contacts to patient, specialist instructions such as diet restrictions, copay amount, etc.

Tracking Open Referrals

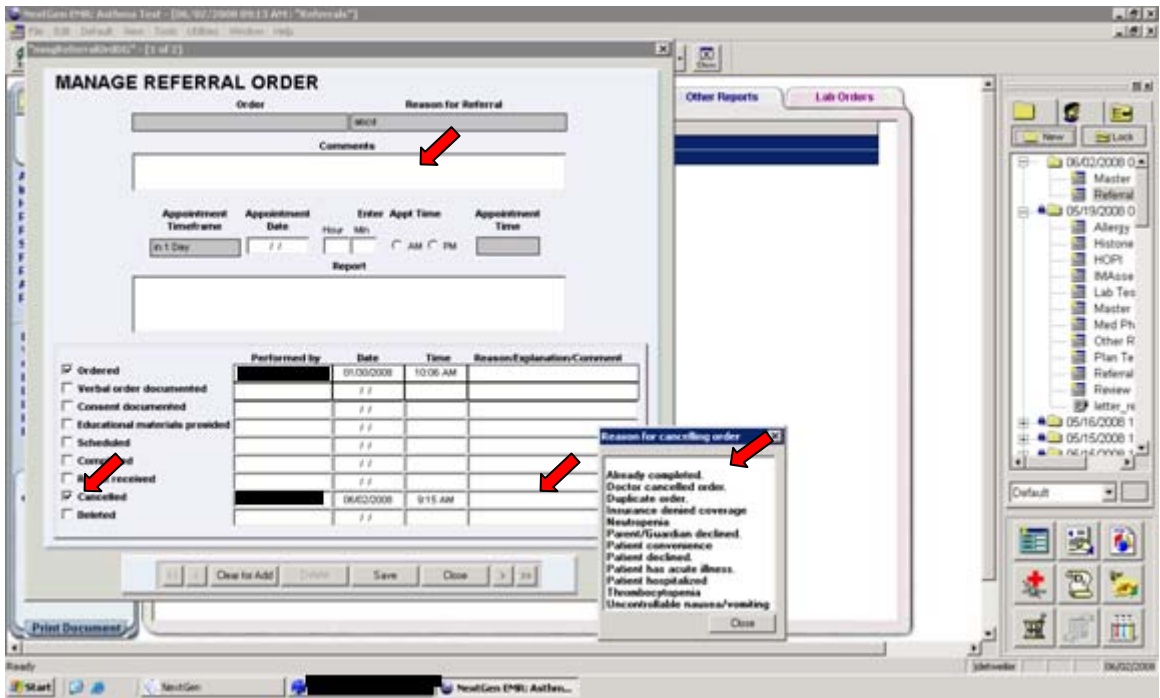
At least monthly, the RCM will run the “RCM Referral Tracking Report” and review all open referrals. If it is found that 60 days have passed since the referral was ordered, the RCM will first review the Comments section of the Manage Referral Order screen and then contact the patient and/or specialty practice to determine if specialty care was provided. Open referrals will be managed as follows:

- Open due to “Unable to contact patient”:
 - If the RCM finds that at least 3 attempts to contact the patient have been documented with no return call from the patient, the RCM will:
 - Cancel the referral by checking the “Cancelled” box in the Manage Referral screen and note in the “Reason/Explanation/Comment section of the Cancelled line why the referral has been cancelled.
 - Send a task to the referring provider indicating that the referral has been cancelled and why.
 - Notify the patient via a phone call that their referral has been cancelled and that if future specialty care is needed they will need to first make an appointment with their CHC-A PCP. Document phone call in the Comments section of the Manage Referral Order screen.
 - Send a Cancelled Referral letter to the patient and document in the Comments section of the Manage Referral Order screen that the letter was sent and the date.
- Open due to “Scheduled Appt/Patient No Show”
 - If the RCM determines that a specialty appointment was scheduled and the patient no showed for their appointment, the RCM will:
 - Cancel the referral by checking the “Cancelled” box in the Manage Referral Order screen and note in the “Reason/Explanation/Comment section of the Cancelled line why the referral has been cancelled.
 - Send a task to the referring provider indicating that the referral has been cancelled and why.
 - Notify the patient via a phone call that their referral has been cancelled and that if future specialty care is needed they will need to first make an appointment with their CHC-A PCP. Document phone call in the Comments section of the Manage Referral Order screen.
 - Send a Cancelled Referral letter to the patient and document in the Comments section of the Manage Referral Order screen that the letter was sent and the date.
- Open due to “Patient Did Not Schedule an Appointment”
 - If the RCM determines that the referral is open due to the fact that the patient has not yet scheduled the specialty appointment, the RCM will:
 - Instruct the patient that they will leave the referral open for an additional 60 days only, after which time the referral will be cancelled.
 - Ask the patient if they have any questions and offer assistance if needed.
 - Document the conversation in the Comments section of the Manage Referral Order screen.
 - Send a task to the referring provider indicating that the referral has been extending for an additional 60 days due to patient unable to schedule.
 - If it is found that after the additional 60 days pass the patient has still has not scheduled an appointment with the specialty provider, the RCM will:
 - Cancel the referral by checking the “Cancelled” box in the Manage Referral Order screen and note in the “Reason/Explanation/Comment section of the Cancelled line why the referral has been cancelled.
 - Send a task to the referring provider indicating that the referral has been cancelled and why.
 - Notify the patient via a phone call that their referral has been cancelled and that if future specialty care is needed they will need to first make an appointment with their CHC-A PCP. Document phone call in the Comments section of the Manage Referral Order screen.
 - Send a Cancelled Referral letter to the patient and document in the Comments section of the Manage Referral Order screen that the letter was sent and the date.

- Open due to “Not Able to Obtain Specialty Provider for Requested Care”
 - If the RCM determines that they are not able to obtain services for the patient due to lack of available specialty providers, the RCM will:
 - Cancel the referral by checking the “Cancelled” box in the Manage Referral Order screen and note in the “Reason/Explanation/Comment section of the Cancelled line why the referral has been cancelled.
 - Send a task to the referring provider indicating that the referral has been cancelled and why.
 - Notify the patient via a phone call that their referral has been cancelled and that if future specialty care is needed they will need to first make an appointment with their CHC-A PCP. Document phone call in the Comments section of the Manage Referral Order screen.
 - Send a Cancelled Referral letter to the patient and document in the Comments section of the Manage Referral Order screen that the letter was sent and the date.

- Open due to “Patient Seen, Referral Consult Report Received, Not Properly Closed”
 - If the RCM determines that the patient was seen by the specialty provider and a consult report was received, however, the referral was not closed; the RCM will close the referral.

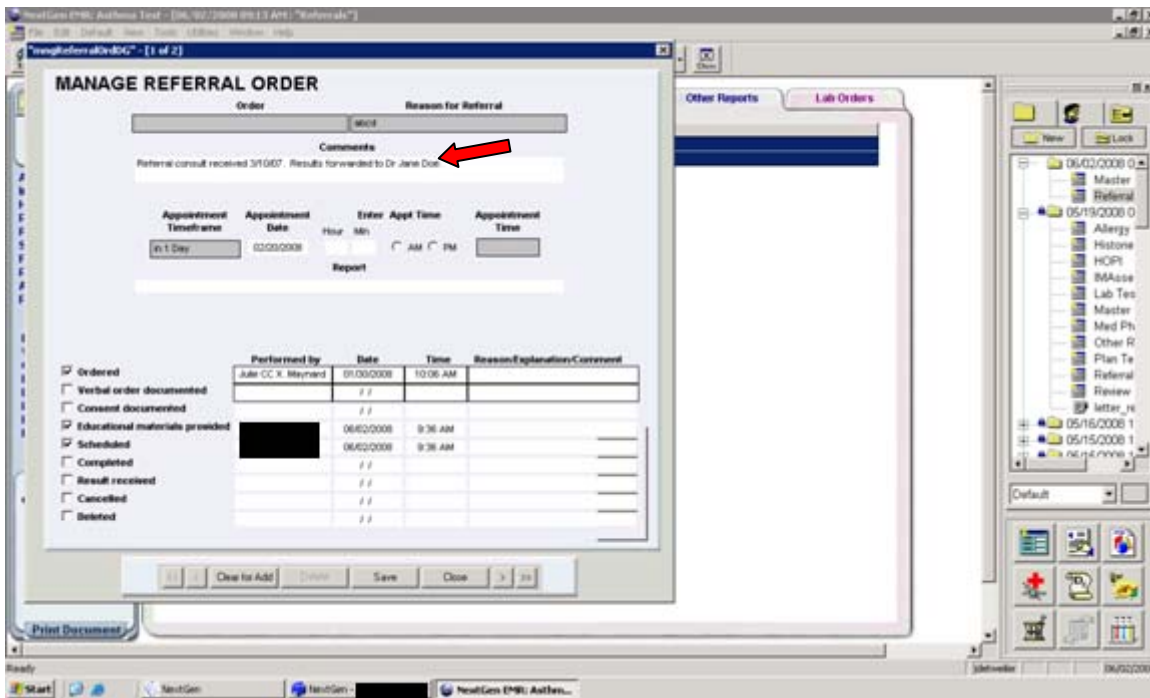
- Open due to “Patient Seen, Report Not Received”
 - If the RCM determines that the patient was seen by the specialty provider and a consult report was not received by the referring provider, the RCM will request a copy of the report from the specialty practice and forward to the provider for processing.



Note: at any time the referring provider has the right to ask the RCM to continue scheduling attempts for the requested services. If the provider requests that the referral remain open, the RCM will make a note in the Comments section regarding the provider’s request. The RCM will continue to work the open referral every 30 days after the request to keep the referral open, sending monthly tasks to the referring provider regarding the referral status.

Processing the Referral Consult Report and Closing the Referral:

1. The referral may come in to CHC-A in paper or in electronic form. If the report is received via paper copy, the person designated to distribute faxes/mail will forward all faxes/mail documents to the RCM to separate out the referral consult reports for processing. The RCM will stamp the result documents with the “Referral” stamp and type in the Comments section of the Manage Referral Order screen that the report was received and who it was forwarded to. The RCM will then forward all referral results to the correct provider.



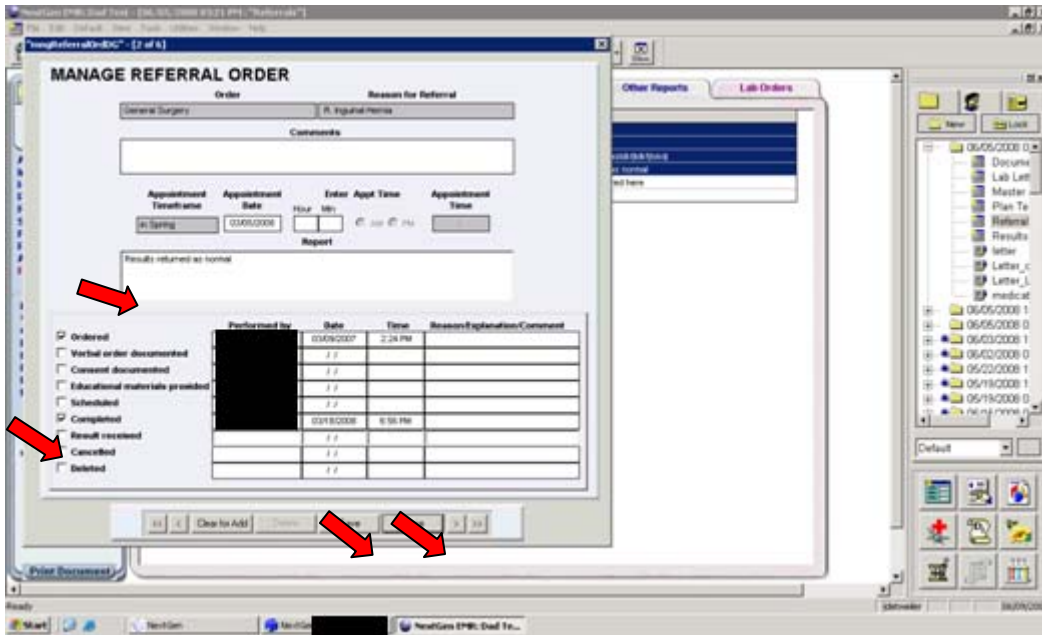
If the consult report is received via paper, the provider will review the report and do the following:

- Determine if follow-up is needed.
- Process the result form for data entry by doing one of the following:
 - 1) The provider deems that the referral can be entered by Medical Records, the provider will:
 - Highlight all information that is to be data entered from the referral
 - Indicate “normal” or “abnormal” on the results form
 - Initial and date the results form
 - Forward report to Medical Records for data entry
 - Once received by Med Recs for data entry, the Med Recs employee will enter all highlighted information into the field labeled Reports in the Referral tab and check the “Complete” box in the Manage Referral screen. Results will be entered in the following format:
 - Date result received, facility or practice where services were rendered, name of Clinic provider that signed off on report
 - 2) The provider chooses to enter the referral results into NextGen, the provider will enter the result data into the field labeled “Report”, located in the Referral tab. The provider then checks the “Completed” box on the Manage Referral screen.
 - 3) If the report is a paper report and the problem is very complex or there are a lot of instructions for management, then the provider can write “scan” on the paper referral report, sign and date it and forward to Medical Records for scanning. Once scanned, Medical Records will forward the report to the RCM. Scanning should be done with a minority of the specialty reports. If the report is scanned in to NextGen, Med Recs should note in the Referrals grid under the field labeled Report, e.g. “See scanned report-4/24/07” and check the “Complete” box in the Manage Referral screen. Remember if a report is available electronically somewhere else we can always go to the original source for a copy.
- Once data entry is complete, the report will be sent back to the RCM.
- When the RCM receives referral report back, the RCM will check to assure that the referral box “Complete” has been checked.
- The RCM will keep paper results for 6 months.

Reports received electronically:

If the report is received electronically into the provider’s PAQ, after reviewing the results, the provider will document the following information in the Manage Referral Order screen?

- In the “Report” field, enter Normal/Abnormal and either indicate where in NextGen the report results can be found or summarize the result data.
- Check the “Completed” box.
- Click Save and Close.



Over time there may be a lot of referrals recorded in the Referral Grid. To facilitate reviewing the patient's course, these can be sorted by Date Ordered, Status, or Specialty type or completion date by clicking on the column headers.

Date Ordered	Status	Provider	Specialty	Date Completed	Report
02/16/2007	completed	[REDACTED]	Pulmonary	02/20/2007	PFTs normal. CXR normal. No evidence pulmonary dysfunction.
02/16/2007	completed	[REDACTED]	Gastroenterology	02/22/2007	GED negative. Biopsies X 2 clear.
02/16/2007	completed	[REDACTED]	Cardiology	05/16/2007	GI and Pulmonary work up negative. Patient back for continued pain. Rec: Coronary Angiogram. Patient refused. Left AMA. Treadmill neg. Dx: Atypical Chest Pain, probably not cardiac. Suggest GI and Pulmonary work up so that my friends can make their boat payments. Per.

Making and Managing Internal Referrals

Ordering the Referral

- 1) Provider determines that their patient needs to be referred to a CHC-A provider for care.
- 2) Referring provider orders the referral in NextGen via the above indicated ordering process, assuring to indicate the CHC-A provider that the patient is being referred to.
- 3) When sending the referral task, it should be forwarded based on the following guidelines:
 - Referrals for BHP and the Dietician will be tasked to the MA of the provider making the referral
 - Referrals for medical services will be tasked to the provider that the patient is being referred to

Note: when sending a task, always attach the patient chart.

Scheduling the Appointment

Medical Referrals:

- When a provider receives a referral task from another CHC-A provider, the provider receiving the referral reviews the requested referral and forwards the request to their MA for scheduling. All attempts to contact the patient and the appointment information will be documented by the MA in the Comments section of the Manage Referral Order screen.

BHP and Dietary Referrals:

- When the MA receives a task requesting that a patient be scheduled for dietary or BHP services, the MA does the following:
 - If the patient is in the clinic, the MA schedules the patient for the requested services, documents the appointment in the Manage Referral Order screen and gives the patient an appointment card indicating appointment date and time. Once the appointment has been made, the MA will send a task to the Dietician or BHP, with the chart attached, notifying them of the referral.
 - If the patient is not in the clinic, the MA will contact the patient for scheduling, documenting all attempts to contact and the appointment information in the Manage Referral Order screen. Once scheduled, the MA will send a task, with patient chart attached, to the Dietician or BHP notifying them of the referral.

Referral Results and Managing the Internal Referral

Medical Services:

- Once services have been rendered, the provider providing care does the following:
 - documents care provided in NextGen
 - documents in the Report section of the referral grid line where the results can be found in NextGen (note: the referral grid line is located on the Manage Referral Order screen)
 - sends a task to the referring provider, notifying them that the requested care has been rendered

- After the reviewing the results, the referring provider checks the “Completed” box, closing the referral.

BPH & Dietician Services:

- Once services have been rendered, the BHP or Dietician providing care does the following:
 - documents care provided in NextGen
 - documents in the Report section of the referral grid line where the results can be found in NextGen (note: the referral grid line is located on the Manage Referral Order screen)
 - sends a task to the referring provider, notifying them that the requested care has been rendered
- After the reviewing the results, the referring provider checks the “Completed” box, closing the referral

Managing Open Internal Referrals:

At least monthly, the RCM runs an open referral report to monitor for referrals that are open greater than 60 days from the order date. If the RCM finds that a referral is still open greater than 60 days from the referral date, the RCM will review the referral for the following:

- 1) Review the comments section of the Manage Referral Order screen to see if the referral is still open, but reasons are documented to justify the unscheduled referral.
 - If this is found the RCM will send a task to the referring provider notifying them that the referral is open and the reason that services have not be scheduled.

Note: All communication should be documented in the Comments section of the Manage Order Referral screen.
 - 2) Review the chart to determine if the referral is still open and an appointment has been scheduled.
 - If this is found, the RCM will take note the date of the appointment. If the appointment date is in the future the RCM will not take any action. If the appointment date has past and care was not rendered for what ever reason, the RCM will send a task to the referring provider, notifying them that the patient did not receive care on the scheduled appointment date.
 - The referring provider should respond to the task by indicating if continued attempts to schedule an appointment should be made. If continued attempts should be made, the RCM will send a task to the person responsible for scheduling the appointment that the provider wants to continue scheduling attempts

Note: All communication should be documented in the Comments section of the Manage Order Referral screen.
 - 3) Review the chart to determine if the patient was seen, but the referral was not closed.
 - If this is found, the RCM will send a task to the referring provider, asking them to review the results and close the referral.
 - 4) Review the chart to determine if the referral is still open and needs to be worked (no scheduled appointment and nothing justifying why referral is still open).
 - If this is found, the RCM will send a task to the referring provider notifying them that the referral has not been worked.
 - The referring provider should respond, indicating if the referral should remain open and worked or if the referral should be closed.
 - If the RCM is notified that the referral should remain open and worked, the RCM will send a task to the person responsible for scheduling the appointment, notifying them that the referral needs to be scheduled.

Note: All communication should be documented in the Comments section of the Manage Order Referral screen.
- When the MA received a task notifying them of an open referral, the MA contacts the patient for scheduling and documents activity and/or appointment date/time in the comments section of the Manage Referral Order screen.
 - If the MA is not able to contact the patient or the patient refuses to schedule an appointment, the MA will review the case with the provider and determine if continued attempts should be made. If the provider determines that no further attempt to schedule care are not required, the MA documents indicates that the referral is being closed per the provider’s request in comments section of the Manage Referral Order screen and checks the “cancelled” box in the Manage Referral Order screen.

ATTACHMENTS:

REVIEW DATES:

SAMPLE OF THE OPEN REFERRAL REPORT:

RCM Referral Tracking
 Referral Date: 5/16/2007 - 1/15/2010
 Print Date/Time: 5/15/2010

Last Name	First Name	DOB	Phone	Referral Dt	Reason	Specialty	Ed Materials	Asst Date
				1/11/10	Follow up Right neck mass	Oncology -UH	No	
				10/31/09	tubal ligation	OB/GYN	Yes	
				12/5/09	diabetes	Ophthalmology	Yes	
				6/18/09	Diabetes	Ophthalmology	Yes	12/23/2009
				12/9/09	Diabetes	Podiatry	Yes	
				12/15/09	possible venous beading	retinal photo e-mail	Yes	
				6/25/09	Tubal ligation	OB/GYN	Yes	
				10/30/09	hx glaucoma, DM	Ophthalmology	Yes	
				6/18/09	tubal ligation	OB/GYN	Yes	
				11/1/09	Horseness	ENT	Yes	
				1/8/10	Speech delay	Speech/Hearing	No	
				9/12/09	enlarged lymph node	General Surgery	Yes	9/22/2009
				10/30/09	Colonoscopy	Gastroenterology	Yes	
				10/30/09	tendonitis	Physical Therapy	Yes	
				1/13/09	diabetes mellitus		No	
				11/21/09	hearing loss	audiology	Yes	
				12/18/09	ankle pain	Physical Therapy	No	
				9/4/09	Chronic heel pain	Podiatry	Yes	
				12/15/09	Possible Venous beading	retinal photo e-mail	Yes	
				8/23/09	Colonoscopy	Gastroenterology	Yes	
				6/23/09	Tubal ligation	OB/GYN	Yes	

Update on the Enterprise record and the impact on referrals. We belong to a IPA with a community wide shared EHR . Since implementation of the EHR 5 years ago we have been working with the vendor to develop the “enterprise record” functionality that allows for use to actually have only one record for each patient. This functionality should finally be in place by 5/2010 in addition to special HIPAA explanations to the patients. This will allow us to open the chart of the patient, and see the notes and encounters of all the community ambulatory members in that view. There will be only one problem list, one medication list, one family and social history, etc. We have this functionality up and working in our test environment now and are fixing a few problems with completeness of data field mapping. Below is a screen shot from our test environment which shows my organizations visits with the patient with the yellow encounter “folders” (yellow arrow) and the visits with the specialists in our community in the greenish folders (green arrow). We will continue to received electronic referral information, and track incomplete referrals. However we will be able to also open the patient chart, open the encounter generated by a specialist and see the note, the testing done, the work plan, and have the shared problem list and medications. We feel this will significantly improve the care across the continuum for the patient.

