



# Specialist Referral Process

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## Specialist Referral Process

**Overview:** The purpose of the initiative is to create a well-coordinated process where patients from primary care are referred to specialty care in an efficient manner; and both providers receive timely access to the information they need to provide optimal care to the patient.

**These Blue Cross Blue Shield of Michigan criteria pertain to the specialist referral process initiative:**

Criteria

Met 

- 14.1 Procedures are in place to guide each phase of the specialist referral process – including desired timeframes for appointment and information exchange – for preferred or high volume specialists
- 14.2 Procedures are in place to guide each phase of the specialist referral process – including desired timeframes for appointment and information exchange – when patients are referred to other key specialists
- 14.3 Directory is maintained listing specialists to whom patients are routinely referred
- 14.4 Physician organization or practice unit has developed specialist referral materials supportive of process and individual patient needs
- 14.5 Practice unit or designee routinely make specialist appointments on behalf of patients
- 14.6 Each facet of the interaction between preferred/high volume specialists and the PCPs at the practice unit level is automated by using electronically-based tools or changing processes to avoid duplication of testing and prescribing across multiple care settings
- 14.7 For all specialist and sub-specialist visits deemed important to the patient's well being process is in place to track to determine whether or not patients completed the specialist referral in a timely manner, reasons they did not seek care if applicable, additional sub-specialists visits that occurred, specialist recommendations, and whether patients received recommended services
- 14.8 Appropriate practice unit staff is trained on all aspects of the specialist referral process
- 14.9 Practice unit regularly evaluates patient satisfaction with most commonly used specialists to ensure physicians are referring patients to specialists that meet their standards for patient-centered care

## **14.0 Specialist Referral Process**

**Separate guidelines are provided for PCP offices and Specialist offices.**

### **14.1**

***Documented procedures are in place to guide each phase of the specialist referral process – including desired timeframes for appointment and information exchange - for preferred or high volume providers***

**PCP Guidelines:**

- Practice unit has defined parameters for specialist referral process, including timeframes, scheduling process, transfer of patient information to specialist, and reporting of results from specialist(s)
  - o Parameters include procedures to ensure that specialists are being given the information they need prior to appointments

**Specialist Guidelines:**

- Practice unit has defined parameters for referral process from PCPs who refer high volume of patients, including timeframes, scheduling process, transfer of patient information, and reporting of results
  - o Parameters include procedures to ensure that PCPs are providing the information needed by specialist prior to appointments

### **14.2**

***Documented procedures are in place to guide each phase of the specialist referral process – including desired timeframes for appointment and information exchange – for other key providers***

**PCP Guidelines:**

- Other key providers are defined as those to whom patient is referred to manage an uncommon chronic condition of special importance to the patient's well-being

**Specialist Guidelines:**

- Other key providers are defined as PCPs who refer patients for management of an uncommon chronic condition of special importance to the patient's well-being

### **14.3**

***Directory is maintained listing specialists to whom patients are routinely referred***

**PCP Guidelines:**

- Practice Units have defined and validated the criteria which are most important to them when referring patients to a specialist, and revise or update database of preferred physicians regularly
- 

**Specialist Guidelines:**

- Specialists provide PCPs with information needed to maintain directory

#### 14.4

### ***PO or Practice Unit has developed specialist referral materials supportive of process and individual patient needs***

#### PCP Guidelines:

- Referral materials for processing the referral in the PCP office and for receipt by the specialist include the following information:
  - Basic information about the specialist, including name, office location and hours
  - Expectations about the specialist visit: e.g., consultation, test/procedure, transfer of responsibility for patient management
  - Expected duration of specialist involvement, if PCP is able to determine in advance
  - How quickly patient should see the specialist
- Referral materials may be provided to specialist and patient (where appropriate for patient) in writing or via email
  - If referral materials are not appropriate for patient, verbal or other communication mechanism may be used to ensure patient understands timeframe and purpose of referral

#### Specialist Guidelines:

- Processes are in place to ensure PCP referral materials are used appropriately by the specialist and other team members in the specialist office

#### 14.5

### ***Practice Unit or designee routinely makes specialist appointments on behalf of patients***

#### PCP Guidelines:

- Practice Units may coordinate with central scheduling office or specialist office to have appointments made on behalf of patients in timely manner
- Exceptions may be made if patient prefers to make own appointment, but follow-up should then occur to ensure that patient was able to secure appointment in a timely manner

#### Specialist Guidelines:

- Specialist coordinates with PCPs to make appointments for patients when requested to do so by PCP

#### 14.6

### ***Each facet of the interaction between preferred/high volume specialists and the PCPs at the Practice Unit level is automated by using electronically-based tools and processes to avoid duplication of testing and prescribing across multiple care settings***

#### PCP Guidelines:

- Practice Units have built processes into existing patient registry, portal system, or EMR, or utilize other tools (e.g. Fusion by CareFX)
- Policies have been developed to ensure safe, HIPAA compliant information exchange for all information related to the specialist referral process

Specialist Guidelines:

- Specialist has capability to accept electronically-generated referrals via patient registry, portal system, or EMR, or other tools (e.g. Fusion by CareFX)
- Policies have been developed to ensure safe, HIPAA compliant information exchange for all information related to the specialist referral process

### 14.7

***For all specialist and sub-specialist visits deemed important to the patient's well-being, process is in place to determine whether or not patients completed the specialist referral in a timely manner, reasons they did not seek care if applicable, additional sub-specialist visits that occurred, specialist recommendations, and whether patients received recommended services***

PCP Guidelines:

- System must be in place to determine whether the patient was seen, to identify what was done or recommended and whether the recommendations, including testing, procedures or follow up visits, occurred.
- The patient's care plan should be updated to reflect the specialist results and recommendations

Specialist Guidelines:

- System is in place to inform PCPs when patients are seen, identify what was done or recommended and whether the recommendations, including testing, procedures or follow up visits, occurred.

### 14.8

***Appropriate Practice Unit staff is trained on all aspects of the specialist referral process***

### 14.9

***Practice Unit regularly evaluates patient satisfaction with most commonly used specialists, to ensure physicians are referring patients to specialists that meet their standards for patient-centered care***

PCP Guidelines:

- Evaluation of patient satisfaction may consist of conversations between clinician and patient following specialist visit, patient satisfaction survey results from specialist office, or formal survey conducted by the practice
- Evaluation should be conducted at least annually
- 

Specialist Guidelines:

- Specialist conducts patient satisfaction survey and provides results to referring PCPs



## Consultation or Referral Request Form

**To: Consultant / Specialist**

**From: Primary physician**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/fax: \_\_\_\_\_

Phone/fax: \_\_\_\_\_

Office hours: \_\_\_\_\_

### SECTION 1 – REQUESTED ACTION

- See patient within \_\_\_\_\_ days or \_\_\_\_\_ weeks.
- Are we giving you what you need to see this patient? If not, call us at \_\_\_\_\_

#### Consultation

(Please send the patient back for follow-up and treatment.)

- Confirm diagnosis
- Advise as to diagnosis
- Suggest medication or treatment

#### Referral

(Please provide primary physician with summaries of subsequent visits, lab and test results)

- Assume management for this particular Problem, return patient after conclusion of care
- Assume future management of patient within your area of expertise

### SECTION 2 – PATIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Tentative diagnosis: \_\_\_\_\_

Pertinent history, medications, laboratory findings, and special financial considerations:

- See additional information attached.
- Please call me when you have seen the patient.
- I would like to receive periodic status reports on this patient.
- Please send a thorough written report when the consultation is complete.

Signature: \_\_\_\_\_  
Primary physician

### SECTION 3 – CONSULTANT'S or SPECIALIST'S FINDINGS and RECOMMENDATIONS

- I would like to receive periodic status reports on this patient.
- When complete fax to \_\_\_\_\_

Signature: \_\_\_\_\_  
Consultant

Adapted from the American Academy of Family Physicians. Available at <http://www.aafp.org>



## Sample Referral Policy and Procedure

### I. Maintenance/ updating of specialist/resources database

- A. The database is maintained by the MA (medical assistant).
- B. The database of completed specialist/ancillary/community resource referrals is segregated by year. At the end of the year a new tab is started.
- C. The MA sorts the data for the old year and obtains the following audit and evaluation information:

#### *Audit*

- Wait time until specialist visit

#### *Evaluation*

- Wait time until specialist visit – by specialist
- Timeliness in progress notes, follow up – by specialist

### II. Maintenance/ updating of disease-specific referral guidelines

- A. The Clinical Guidelines Administrator maintains disease-specific referral guidelines, based on national data (resource <http://www.guidelines.gov>) and in collaboration with specialists.
- B. Nurses suggest new guideline development.
- C. Guidelines are reviewed every 3 years (see sample, Tool 14-3.1).

### III. Maintenance/ updating of specialist agreements

- A. MAs review specialist referral agreements annually. The agreements define which patients are appropriate for referral, how quickly the patient will be seen, method and timeliness of feedback to our office.
- B. Physicians redraft agreements as needed (see sample, Tool 14-3.2).

### IV. Referral process

- A. Physician determines a referral will be made including referrals to community or educational services.
- B. Nurse or medical assistant performs chart review and identifies services and lab tests that need to occur as noted in the referral guidelines.
- C. Nurse or MA inspect tests and patient work-up results, if complete, they arrange the referral.
  - Referrals to specialists within our physician organization are scheduled by the MA
  - Referrals to other specialists are coordinated with the patient
- D. Nurse sends work-up, lab and medication information to specialist at least 48 hours prior to appointment.
- E. MA adds information to the referral log.

### V. Referral follow up

- A. MA reviews log weekly.
- B. MA notifies physician and nurse for late priority referrals, noted in red on the log.
- C. MA notifies nurse for progress reports, test results that are after the follow-up date.

## **VI. Audit of referral process**

- A. Every 12 months the MA pulls together the following statistics:
  - Percentage of referral forms faxed back
  - Waiting time for appointment to referred specialist
  - Percentage of referrals that occurred with patient work-up and tests
  - Number of requests from specialists for additional information
- B. Nurse conducts an audit of these measures and suggests any needed changes.
- C. Goal of the audit process is to reduce wait time for referrals.

## **VII. Evaluate patient satisfaction with specialists/referrals**

- A. Annually the MA pulls together the following statistics:
  - Review log for timeliness of scheduled visits with the specialist
  - Rate of timeliness of progress letters and follow up on lab and test results
  - Review charts for patient progress, inpatient admissions etc.
  - Review for social-cultural issues that impact patient satisfaction
- B. Nurse reviews the statistics and makes recommendations.
- C. Goal of the evaluation is to improve patient satisfaction.

## Sample Ear, Nose & Throat Referral Guideline Tonsils & Adenoids Disease

### Diagnosis/Definition

The palatine tonsils are paired lymphatic structures located in the oropharynx and have a physiologic role in antigen processing and immune surveillance. The histologic structure of the tonsils is closely related to this immunologic function. There are no afferent lymphatics, however there are numerous crypts that provide an access port for inhaled and swallowed antigens. The adenoid pad is a midline structure similar to the tonsils in function and histology. Both are part of Waldeyer's ring, which is completed by the lingual tonsils at the base of the tongue. Pathology of the tonsils and adenoid most commonly involves infection and/or hyperplasia. Patients can complain of recurrent sore throat, halitosis, or purulent rhinorrhea due to infection, or airway problems such as loud snoring, mouth breathing, and voice abnormalities due to increased size of these organs. The definition of recurrent adenotonsillitis is a patient with 3 or more infections per year despite adequate medical therapy. Chronic adenotonsillitis is defined as a patient with persistent symptoms for greater than 3 months despite adequate medical therapy.

### Initial Diagnosis and Management

- **History:** The diagnosis of adenotonsillar disease is easily made on history and physical exam. Pertinent historical data include the presence of fever, severity of discomfort, history of otitis, previous infections, missed school or work, antecedent therapy, and culture results. For obstructive patients, documentation should include any mouth breathing, dysphagia, growth chart statistics, chronic rhinorrhea, sleep apnea symptoms, snoring, bedwetting, and malocclusion. Patients who complain of recent onset of odynophagia, neck pain, and voice change should be suspect for peritonsillar abscess.
- **Physical Examination:** The physical exam should include a description of the tonsils, including the size, presence of exudate or cryptic debris, and any asymmetry. The palate should be examined for symmetrical contraction with vocalization. The absence of this symmetry, along with trismus, drooling, and voice changes are possible signs of peritonsillar abscess and should be documented. Any rhinorrhea should be noted, as should any cervical lymphadenopathy.
- **Ancillary Tests:**
  - Throat culture
  - Monospot as appropriate
  - CBC
  - X-ray of adenoid bed as appropriate (lateral soft tissue of the neck)
- **Initial Management:** The initial management of adenotonsillitis is the institution of appropriate medical therapy. This includes adequate hydration and pain relief as well as antibiotic coverage if indicated (Refer to the MAMC Intranet Pharmacy Guidelines or the Sanford Antimicrobial Handbook). If a peritonsillar abscess is suspected, refer to ENT. Nasal steroids may help reduce adenoidal hypotrophy.

### Ongoing Management and Objectives

Relief of symptoms.

### Indications for Specialty Care Referral

- Recurrent infection: 3 or more infections of tonsils and/or adenoids/year despite therapy.
- Hypertrophy causing upper airway obstruction, severe dysphagia or sleep disorders.
- Hypertrophy causing dental malocclusion or adversely affecting oro-facial growth documented by orthodontist.
- Suspected peritonsillar abscess.
- Persistent foul taste or breath due to chronic tonsillitis not responsive to medical therapy.
- Chronic adenotonsillitis not responding to beta-lactamase resistant antibiotics.- Unilateral tonsillar hypertrophy.
- Unilateral tonsillar hypertrophy.
- Any other symptom or clinical findings that are of concern by the referring provider.

### Criteria for Return to Primary Care

Resolution of the problem by medical or surgical therapy.

## Sample Specialist Agreement

### SERVICE AGREEMENT

The following is a collaborative service agreement between <Practice Name> and <Women's Health >.

### CORE SERVICES AGREEMENT:

#### <Women's Health> will provide the following core services:

- Prenatal care and deliveries for high-risk and low-risk patients
- Postpartum care
- All gynecological surgery
- All cancerous and pre-cancerous gynecological problems
- Infertility evaluation (male and female)
- Domestic violence assessment
- Paps/pelvics and breast exams
- Male and female sterilization
- Contraception
- Gynecological procedures
- Evaluation and care for abnormal bleeding
- Incontinence (urinary & fecal)

#### <Practice Name> will provide the following core services:

- Paps/pelvics and breast exams
- Contraception
- STD testing and counseling
- Domestic violence assessment
- Menopause care
- Menstruation care
- Low-risk prenatal care and low-risk deliveries for some patients
- Routine outpatient postpartum care
- Selected gynecological procedures as per physician's credentialing, to include diaphragm fitting, IUD insertion and removal, Norplant insertion and removal, low-grade colposcopies and endometrial biopsy

**ACCESS AGREEMENT:**

**<Women's Health> will provide the following access:**

- Same-day access for any emergency referrals from <Practice Name>
- One-week access for routine referrals from <Practice Name>
- A <Women's Health> physician will be available during clinic hours for emergent questions, consultations and evaluations. Monthly schedule will be sent to <Practice Name> with on-call doctors listed.

**<Practice Name> will provide the following access:**

- Same-day access for any patient referred from <Women's Health>

**COMMUNICATION AGREEMENTS:**

Physicians in <Women's Health> and <Practice Name> will use the ANMC Referral and Consultation Form to communicate requests for services between clinics. Physicians agree to respond as requested on the referral and consultation form.

**QUALITY ASSURANCE AGREEMENTS:**

<Women's Health> and <Practice Name> will establish standards of care for the provision of on-demand women's health care.

Training and education processes will be developed based on these standards of care.

Quality assurance measures will be developed and monitored based on these standards of care.

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Signature of <Practice Name> Director

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Signature of <Women's Health Medical> Director

Adapted from form developed by Mark Murray, MD. Copyright © 2002 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. Murray M. Reducing waits and delays in the referral process. *Fam Pract Manag.* March 2002;39-42; <http://www.aafp.org/fpm/20020300/39redu.html>.

## Goal statement for high-quality referrals

<Practice Name> arranges high-quality referrals for our patients to ensure their safety and comfort. High-quality referrals are those aligned with the following measures:

Measure	2010 Goal
Assisting patients with scheduling appointments	Office schedules 10% of appointments
Transferring information to the specialist 48 hours prior to the appointment	Transfer information 25% of the time 48 hours before appointment
Following up on referrals	Priority referrals have 100% follow up, other referrals have 50% follow up

These measures are tracked in our Referral Log and are reviewed every 6 months. In addition, we perform an annual audit and an evaluation of our referral process. The purpose of the audit process is to reduce wait time for referrals. The purpose of the evaluation process is to improve patient satisfaction.

### Referral process for audits

The following statistics are compiled and evaluated:

- Percent of referral forms faxed back
- Waiting time for appointment to a referred specialist
- Percentage of referrals that occur with patient work up and tests
- Number of requests received from specialists for additional information

### Referral process for evaluations

The following factors are evaluated:

- Timeliness of scheduled referrals
- Timeliness of progress notes and communication from specialists
- Timeliness of lab and test results from specialists
- Patient progress and emergencies or inpatient admissions
- Socio-cultural issues that impacted patient satisfaction

