Current referral process

- Specialist's Perspective

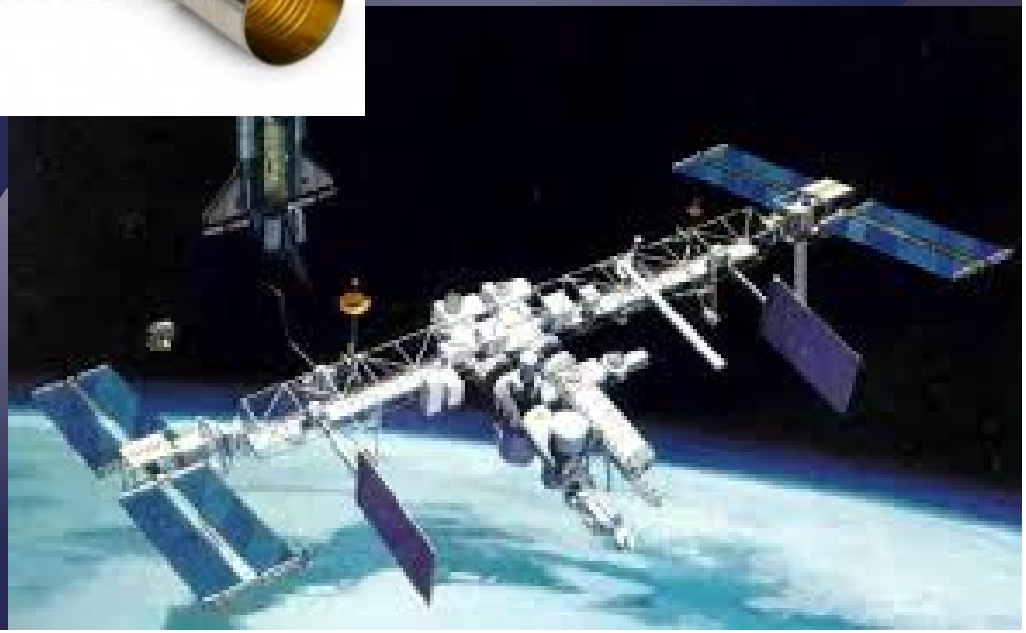
Elliott Gagnon, MD
Plastic and Reconstructive Surgeon
Humboldt Medical Specialists

Office EMR: Allscripts
Hospital EMR: Meditech

EMR implementation

Are we better off than we were four years ago?

- Are patients being treated more "meaningfully?"
- Are referrals being triaged more appropriately?
- Is patient information communicated between primary and specialist more efficiently?
- Is there improved "patient satisfaction?"



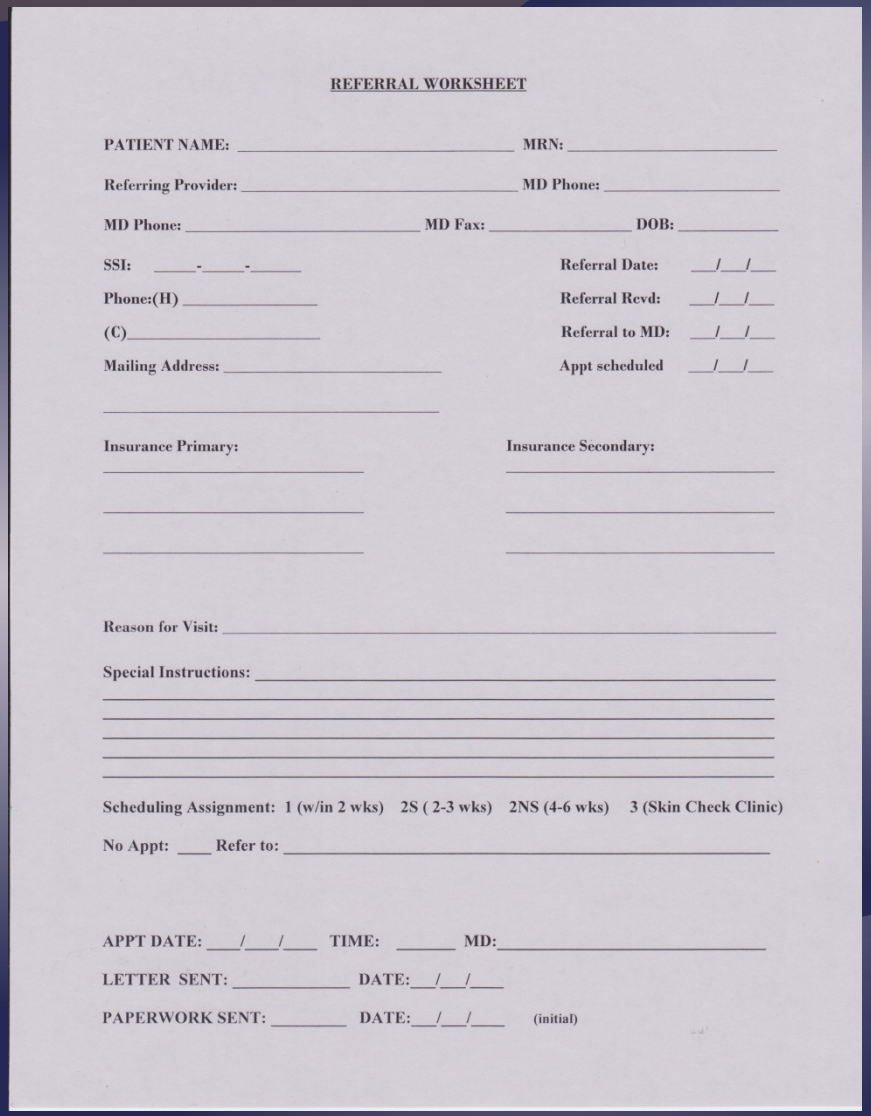
Case Example

"Eval. possible skin cancer"

HIPAA Compliance

(Photos from open source websites – not personal patients)

Paperwork for MD to review



REFERRAL WORKSHEET

PATIENT NAME: _____ MRN: _____

Referring Provider: _____ MD Phone: _____

MD Phone: _____ MD Fax: _____ DOB: _____

SSI: ____-____-____ Referral Date: ___/___/___

Phone:(H) _____ Referral Recvd: ___/___/___

(C)_____ Referral to MD: ___/___/___

Mailing Address: _____ Appt scheduled ___/___/___

_____

Insurance Primary: Insurance Secondary:

_____ _____

_____ _____

_____ _____

Reason for Visit: _____

Special Instructions: _____

_____

_____

_____

_____

_____

Scheduling Assignment: 1 (w/in 2 wks) 2S (2-3 wks) 2NS (4-6 wks) 3 (Skin Check Clinic)

No Appt: ____ Refer to: _____

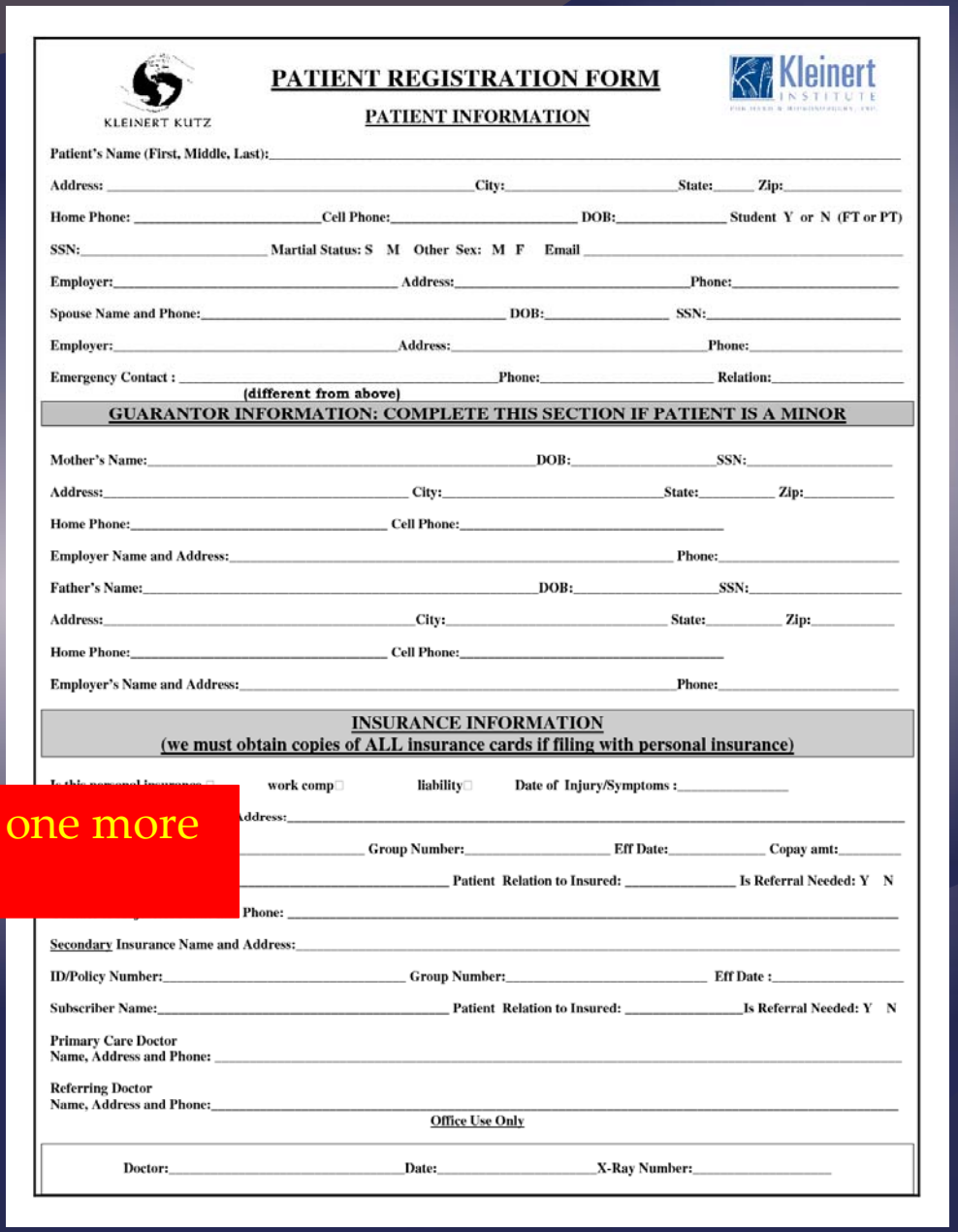
APPT DATE: ___/___/___ TIME: _____ MD:_____

LETTER SENT: _____ DATE:___/___/____

PAPERWORK SENT: _____ DATE:___/___/____ (initial)

Paperwork sent

"Patient in Rm 1 has one more question…"



KLEINERT KUTZ

PATIENT REGISTRATION FORM

Kleinert INSTITUTE

PATIENT INFORMATION

Patient's Name (First, Middle, Last):_____

Address: _____ City:_____ State:_____ Zip:_____

Home Phone: _____ Cell Phone:_____ DOB:_____ Student Y or N (FT or PT)

SSN:_____ Martial Status: S M Other Sex: M F Email _____

Employer:_____ Address:_____ Phone:_____

Spouse Name and Phone:_____ DOB:_____ SSN:_____

Employer:_____ Address:_____ Phone:_____

Emergency Contact : _____ Phone:_____ Relation:_____

(different from above)

GUARANTOR INFORMATION: COMPLETE THIS SECTION IF PATIENT IS A MINOR

Mother's Name:_____ DOB:_____ SSN:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Employer Name and Address:_____ Phone:_____

Father's Name:_____ DOB:_____ SSN:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Employer's Name and Address:_____ Phone:_____

INSURANCE INFORMATION

(we must obtain copies of ALL insurance cards if filing with personal insurance)

work comp☐ liability☐ Date of Injury/Symptoms :_____

Address:_____

Group Number:_____ Eff Date:_____ Copay amt:_____

_____ Patient Relation to Insured: _____ Is Referral Needed: Y N

Phone: _____

Secondary Insurance Name and Address:_____

ID/Policy Number:_____ Group Number:_____ Eff Date :_____

Subscriber Name:_____ Patient Relation to Insured: _____Is Referral Needed: Y N

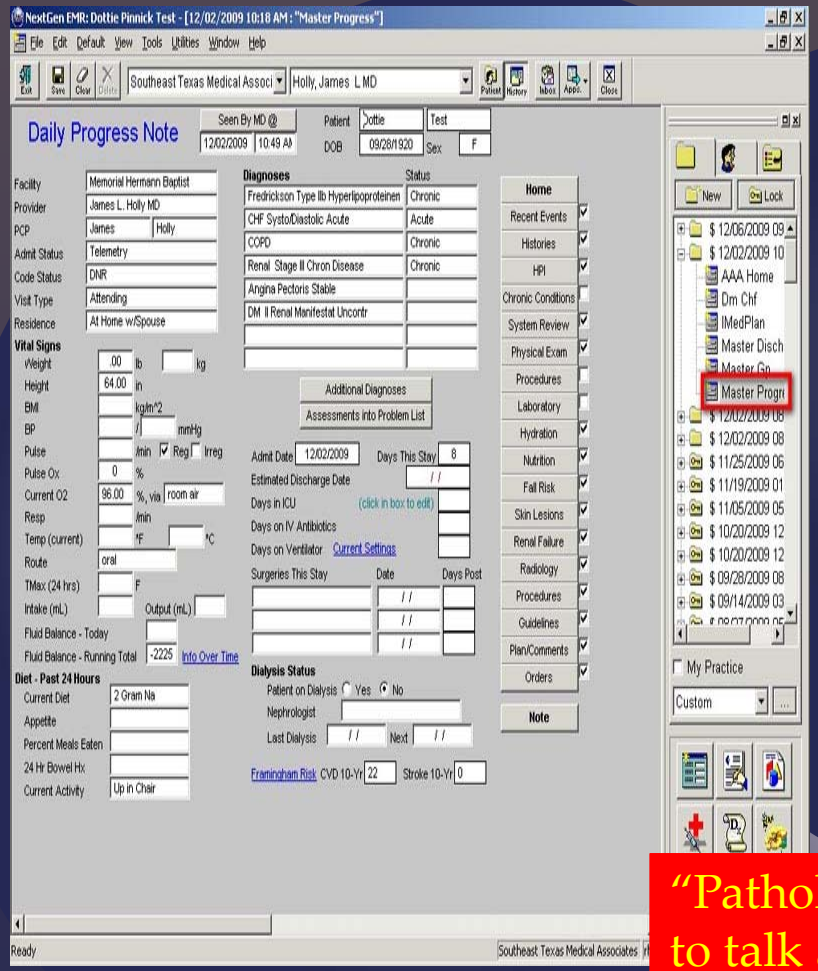
Primary Care Doctor
Name, Address and Phone: _____

Referring Doctor
Name, Address and Phone:_____

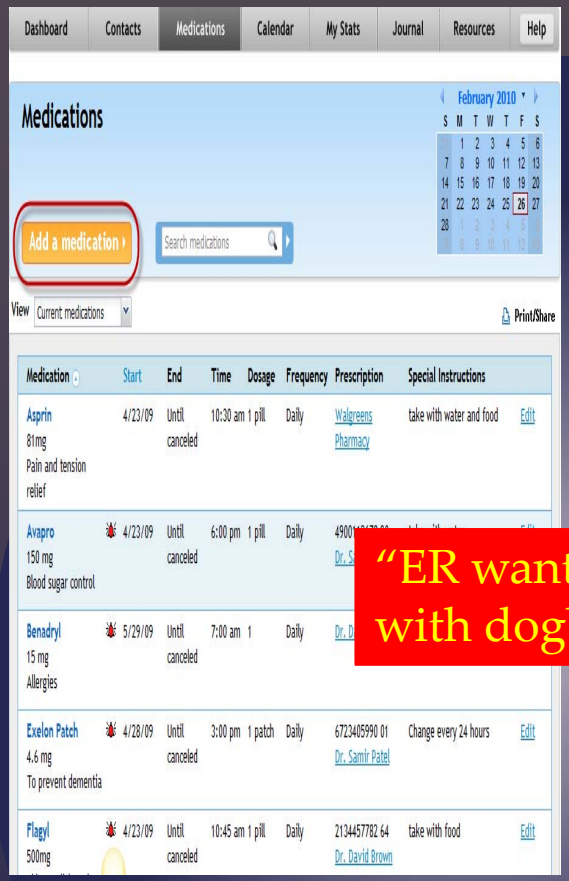
Office Use Only

Doctor:_____ Date:_____ X-Ray Number:_____

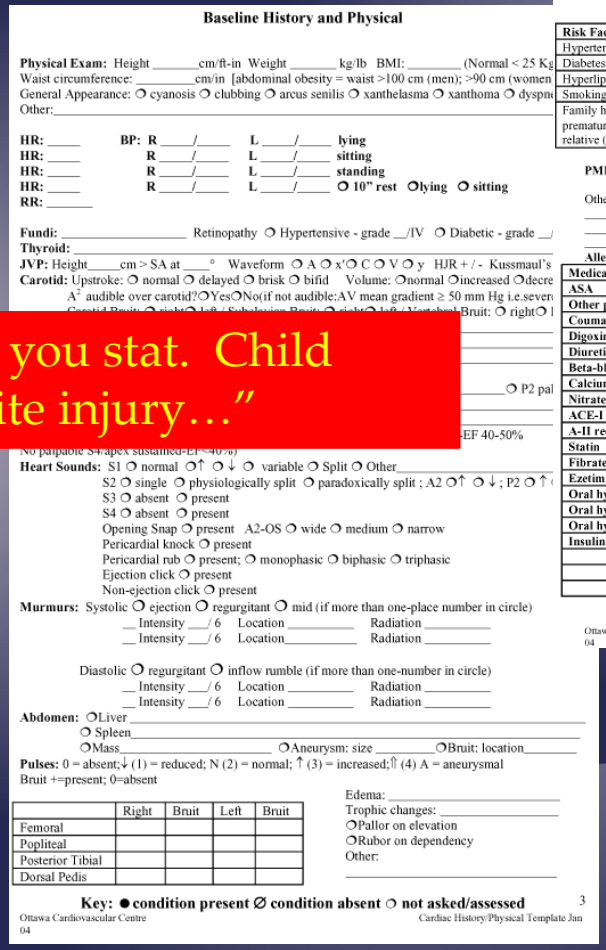
Paperwork sent



"Pathologist on phone…wants to talk about path on Mr. X…"



"ER wants you stat. Child with dogbite injury…"



Baseline History and Physical

Physical Exam: Height _____cm/ft-in Weight _____ kg/lb BMI: _____ (Normal < 25 Kg
Waist circumference: _____cm/in [abdominal obesity = waist >100 cm (men); >90 cm (women
General Appearance: ❍ cyanosis ❍ clubbing ❍ arcus senilis ❍ xanthelasma ❍ xanthoma ❍ dyspne
Other:_____

HR: _____ **BP: R** _____/_____ **L** _____/_____ **lying**
HR: _____ **R** _____/_____ **L** _____/_____ **sitting**
HR: _____ **R** _____/_____ **L** _____/_____ **standing**
HR: _____ **R** _____/_____ **L** _____/_____ **❍ 10" rest ❍lying ❍ sitting**
RR: _____

Fundi: _____ Retinopathy ❍ Hypertensive - grade __/IV ❍ Diabetic - grade __/
Thyroid: _____
JVP: Height_____cm > SA at ___° Waveform ❍ A ❍ x'❍ C ❍ V ❍ y HJR + / - Kussmaul's
Carotid: Upstroke: ❍ normal ❍ delayed ❍ brisk ❍ bifid Volume: ❍normal ❍increased ❍decre
A^2 audible over carotid?❍Yes❍No(if not audible:AV mean gradient ≥ 50 mm Hg i.e.severe
Bruit: ❍ right❍ l
❍ P2 pal
-EF 40-50%
No palpable S4;apex sustained-EF<40%)
Heart Sounds: S1 ❍ normal ❍↑ ❍↓ ❍ variable ❍ Split ❍ Other_____
S2 ❍ single ❍ physiologically split ❍ paradoxically split ; A2 ❍↑ ❍↓; P2 ❍↑
S3 ❍ absent ❍ present
S4 ❍ absent ❍ present
Opening Snap ❍ present A2-OS ❍ wide ❍ medium ❍ narrow
Pericardial knock ❍ present
Pericardial rub ❍ present; ❍ monophasic ❍ biphasic ❍ triphasic
Ejection click ❍ present
Non-ejection click ❍ present
Murmurs: Systolic ❍ ejection ❍ regurgitant ❍ mid (if more than one-place number in circle)
__Intensity ___/ 6 Location _____ Radiation _____
__Intensity ___/ 6 Location_____ Radiation _____

Diastolic ❍ regurgitant ❍ inflow rumble (if more than one-number in circle)
__Intensity ___/ 6 Location _____ Radiation _____
__Intensity ___/ 6 Location _____ Radiation _____

Abdomen: ❍Liver _____
❍ Spleen_____
❍Mass_____ ❍Aneurysm: size _____❍Bruit: location_____
Pulses: 0 = absent;↓ (1) = reduced; N (2) = normal; ↑ (3) = increased;⇑ (4) A = aneurysmal
Bruit +=present; 0=absent

	Right	Bruit	Left	Bruit
Femoral				
Popliteal				
Posterior Tibial				
Dorsal Pedis				

Edema: _____
Trophic changes: _____
❍Pallor on elevation
❍Rubor on dependency
Other:
_____

Key: ● condition present Ø condition absent ❍ not asked/assessed 3
Ottawa Cardiovascular Centre 04 Cardiac History/Physical Template Jan

Cardiac History	Yes	No	Date(y/m/d)	Duration/Location/Procedure/Institution
Stable Angina				
Unstable Angina				
Previous MI				
Cath				
Previous PTCA				
Previous CABG				
Valve Surgery				
Other				

Risk Factors	Y	N	Duration	Therapy	Control
Hypertension					
Diabetes					
Hyperlipidemia					
Smoking					
Family history of premature CHD in 1° relative (M ≤ 55/ F ≤ 65)					

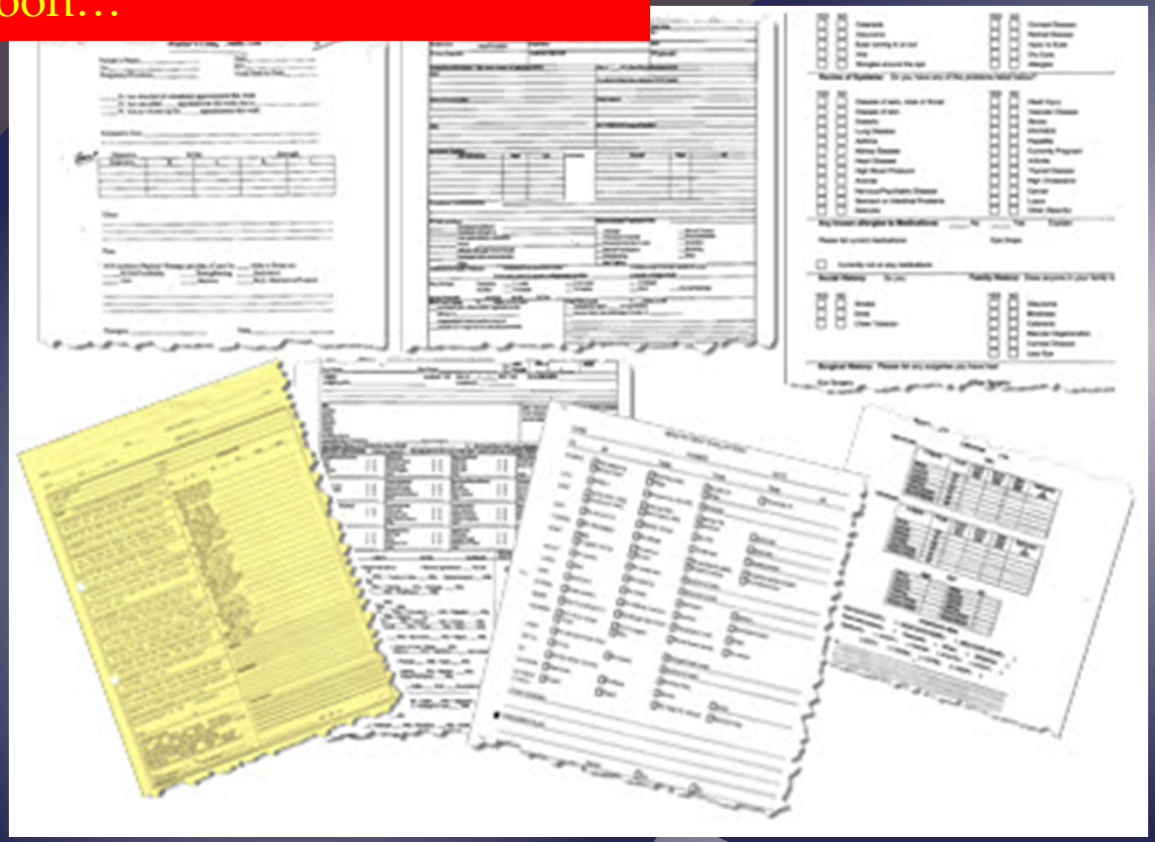
PMH: ❍ CVA_____ ❍ TIA_____ ❍ Rheumatic fever ❍ heart murmur
❍ PUD ❍ Hiatus Hernia ❍ TB ❍ SBE ❍ Bleeding disorder ❍ Cancer
Other_____

Allergies: ❍None /_____ Coffee/Tea:____cups/day Alcohol:_____/day/week

Medications:	Agent	Dose	Adjustment
ASA			
Other platelet inhibitor			
Coumadin			
Digoxin			
Diuretic			
Beta-blocker			
Calcium channel blocker			
Nitrate			
ACE-I			
A-II receptor blocker			
Statin			
Fibrate			
Ezetimibe			
Oral hypoglycemic 1			
Oral hypoglycemic 2			
Oral hypoglycemic 3			
Insulin			

Key: ● condition present Ø condition absent ❍ not asked/assessed 2
Ottawa Cardiovascular Centre 04 Cardiac History/Physical Template Jan

"Nurse at SJE wants to know if you are discharging Mrs. Y this afternoon…"



"Worrisome skin lesion on face. Refer to plastics."

Plan: Schedule for routine consult
Takes 4-6 weeks.

Patient 1

Patient 2

Photo courtesy: Klaus D. Peter, Gummersbach, Germany

Patient 2

- Urgent scheduling for wide surgical excision, lymph node dissection, staged temporalis muscle flap reconstruction
- Chart note faxed to primary care office – EMR cancelled fax due to busy signal.
- Patient seen in Anesthesia pre-op clinic. Operative plan and H&P faxed over. Prior labs, studies not available. Cardiology consult requested based on patient's history. Repeat EKG. Labs redrawn.
- Cardiology sees patient in their clinic, performs further workup. Finally cleared for surgery.
- Patient undergoes operation and recovers.
- Primary care provider learns of all events after the fact. Patient already had cardiology workup (from another cardiologist), already had labs, and was already cleared for surgery.

We can do better than this

We should do better than this

Soon, we will have to do better than this

GROUP EXERCISE

Describe the Ideal Referral Process

- Patient transition between primary and specialist
- Access to Specialist
- Collaboration of Care
- Patient communication
- Medical Records
- Clarity of roles

Identify the major gaps between the "Ideal" and "Current" referral process

Recommend an Action Plan to close the most critical gaps for the element assigned to your table.

A ROAD TO IMPROVEMENT

The Creation of a CARE COMPACT

- Formal agreement between PCP and SCP
- Elements of a Compact
    - Transition of Care (Information acuracy, appropriate workups)
    - Access (availability and urgent triage)
    - Collaborative Care (feedback loops, updates)
    - Patient communication (patient understanding and participation)
    - Transition record (targeted specific clinical information)
    - Types of Care management (clarity of roles)

A ROAD TO IMPROVEMENT

Who will lead?

- Do you have time? I don't have time.
- Who knows what others are doing in the country? I can't even find my order sets in Meditech.
- Primary care or Specialty?
- Trusted Independent Third Party?