

Current referral process

{ Specialist's Perspective

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Office EMR: Allscripts

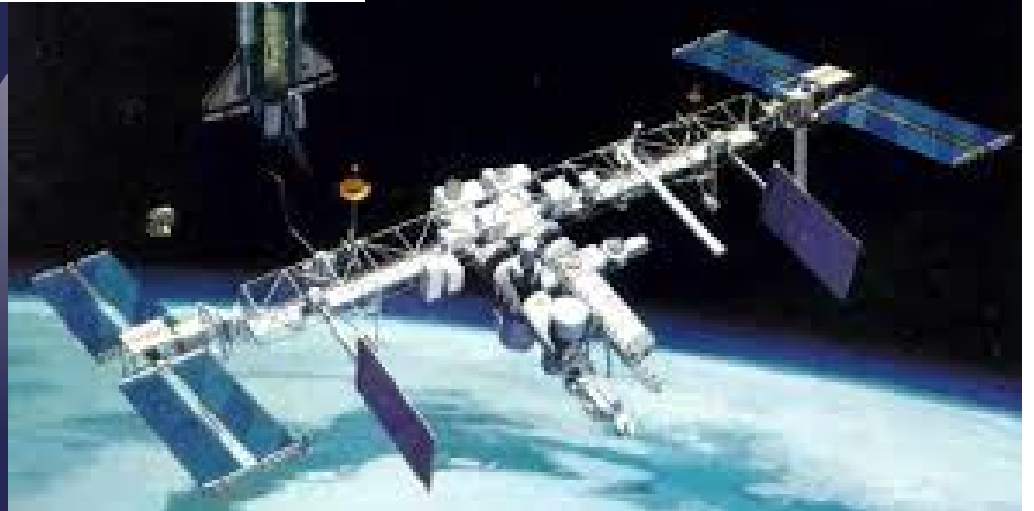
Hospital EMR: Meditech

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 Revd: ____ / ____ / ____

(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 REGISTRATION FORM	
<u>PATIENT INFORMATION</u>		
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)		
Is this personal insurance? <input type="checkbox"/> work comp <input type="checkbox"/> liability <input type="checkbox"/> 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: _____		
<u>Office Use Only</u>		
Doctor: _____ Date: _____ X-Ray Number: _____		

“Patient in Rm 1 has one more question...”

Paperwork sent

NextGen EMR: Dottie Pinnick Test - [12/02/2009 10:18 AM: "Master Progress"]

Southeast Texas Medical Associ | Holly, James L MD

Seen By MD @ Patient: Dottie Test
12/02/2009 10:49 AM DOB: 09/28/1920 Sex: F

Daily Progress Note

Facility: Memorial Hermann Baptist
Provider: James L. Holly MD
PCP: James Holly
Admit Status: Telemetry
Code Status: DNR
Visit Type: Attending
Residence: At Home w/Spouse

Vital Signs
Weight: 00 lb 00 kg
Height: 64.00 in
BMI: kg/m²
BP: / mmHg
Pulse: /min Reg Irreg
Pulse Ox: 0 %
Current O2: 96.00 % via room air
Resp: /min
Temp (current): °F °C
Route: oral
TMax (24 hrs): F
Intake (mL): Output (mL)
Fluid Balance - Today: -2225
Fluid Balance - Running Total: -2225

Diagnoses
Fredrickson Type IIb Hyperlipoproteinemia Chronic
CHF Systo/Diastolic Acute Acute
COPD Chronic
Renal Stage II Chron Disease Chronic
Angina Pectoris Stable
DM II Renal Manifest Uncontr

Dialysis Status
Patient on Dialysis: Yes No
Nephrologist: _____
Last Dialysis: // Next //
Framingham Risk: CVD 10-Yr 22 Stroke 10-Yr 0

Home
Recent Events
Histories
HPI
Chronic Conditions
System Review
Physical Exam
Procedures
Laboratory
Hydration
Nutrition
Fall Risk
Skin Lesions
Renal Failure
Radiology
Procedures
Guidelines
Plan/Comments
Orders
Note

Admit Date: 12/02/2009 Days This Stay: 8
Estimated Discharge Date: //
Days in ICU: (click in box to edit)
Days on IV Antibiotics:
Days on Ventilator: Current Settings
Surgeries This Stay: Date Days Post

Diet - Past 24 Hours
Current Diet: 2 Gram Na
Appetite:
Percent Meals Eaten:
24 Hr Bowel Hx:
Current Activity: Up in Chair

Blue Cross Blue Shield of Michigan
Medicare PLUS Blue PPO™

Enrollee Name: <VALUED CUSTOMER> Plan: <H9572_001>
Enrollee ID: <XYL888888888> RxBIN: 610014
RxBPCN: MEDDPRIME
RxBGP: BCBSMAN
Group Number: 50802
Issue: <06/2011>

MA PPO Medicare Advantage
MedicareRx

MEDICARE HEALTH INSURANCE
SOCIAL SECURITY ACT

NAME OF BENEFICIARY: JOHN D. DOE
MEDICARE CLAIM NUMBER: 123-45-6789A SEX: MALE
EFFECTIVE DATE: 1/1/95
HOSPITAL INSURANCE (PART A): 1/1/95
MEDICAL INSURANCE (PART B): 1/1/95

SIGN HERE: *John D. Doe*

“Pathologist on phone...wants to talk about path on Mr. X...”

Dashboard Contacts Medications Calendar My Stats Journal Resources Help

Medications

February 2010

S M T W T F S

1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28

Add a medication Search medications

View Current medications Print/Share

Medication	Start	End	Time	Dosage	Frequency	Prescription	Special Instructions
Aspirin 81mg Pain and tension relief	4/23/09	Until canceled	10:30 am	1 pill	Daily	Walgreens Pharmacy	take with water and food
Avapro 150 mg Blood sugar control	4/23/09	Until canceled	6:00 pm	1 pill	Daily	Dr. S	
Benadryl 15 mg Allergies	5/29/09	Until canceled	7:00 am	1	Daily	Dr. D	
Exelon Patch 4.6 mg To prevent dementia	4/28/09	Until canceled	3:00 pm	1 patch	Daily	6723405990 01 Dr. Samir Patel	Change every 24 hours
Flagyl 500mg	4/23/09	Until canceled	10:45 am	1 pill	Daily	2134457782 64 Dr. David Brown	take with food

"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 dyspnea
 Other: _____

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

Fund: _____ 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 decreased
 A* audible over carotid? Yes No (if not audible: AV mean gradient ≥ 50 mm Hg i.e. severe
 Carotid Bruit: right left both none Bruit: right left both none

EF: _____ P2 pal _____ 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 ◊ condition absent ○ not asked/assessed

Ottawa Cardiovascular Centre Cardiac History/Physical Template Jan 04

Cardiac History	Yes	No	Date(s/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: _____

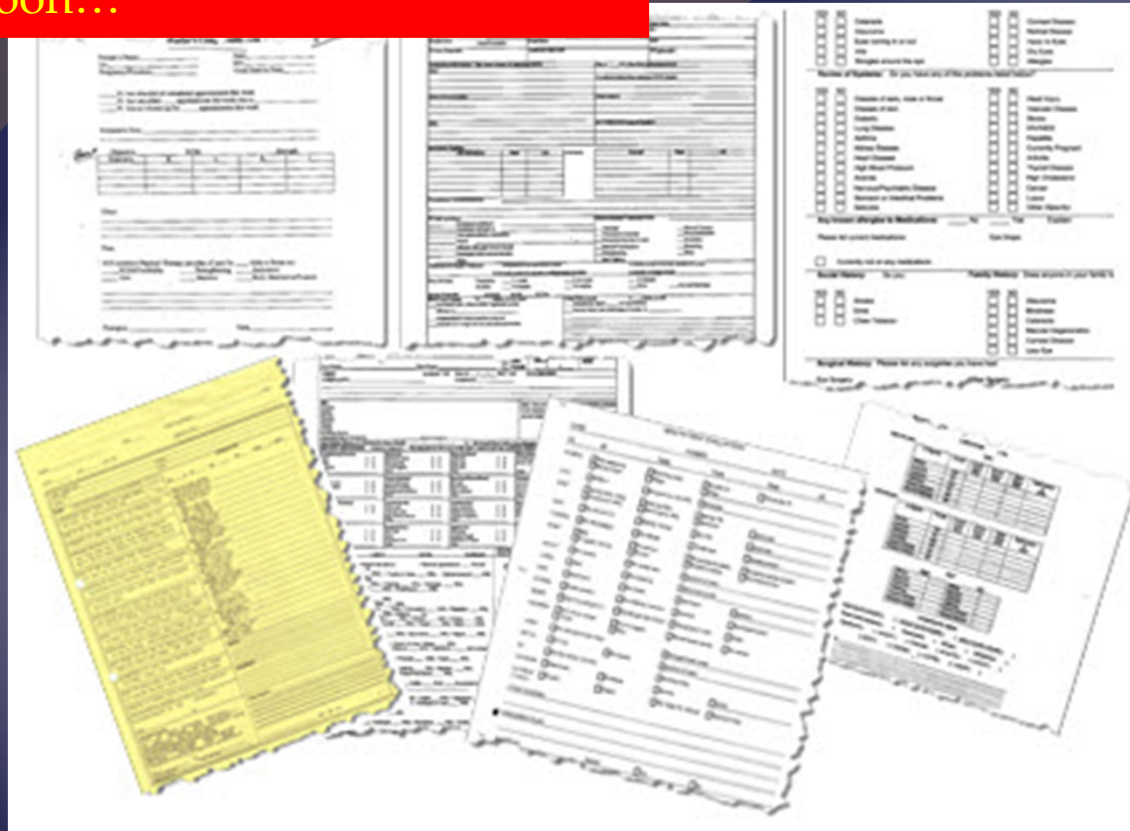
Allergies: None / _____ Coffee/Tea: _____ cups/day Alcohol: _____ /day/week

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 ◊ condition absent ○ not asked/assessed

Ottawa Cardiovascular Centre Cardiac History/Physical Template Jan 04

“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 accuracy, 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?