**Purpose:**
PCR 4.0 is focused on strengthening the local network of care providers to build a true patient centered medical neighborhood. Humboldt Medical Specialists and Eureka Family Practice are working collaboratively to improve the referral process between primary care and specialty care.

**AIM:**
Humboldt Medical Specialists and Eureka Family Practice will expedite appropriate specialty treatment of patients by October 2014 as evidenced by achieving the following aims:

- Decrease the number of referrals scored a 2NS (non-surgical) by 50%, from 25% to 12.5%.
- Decrease the average wait time for 2S (surgical) referrals to be seen by 1 month, from 3 months to 2 months.

Our expected outcomes included:

- Decreased wait time for referral completion
- Increased patient satisfaction with the referral process
- Development of tools for staff and patient education about referral processes
- Improve health outcomes in our community

**Data:**
Collated and reviewed over 100 referrals from EFP, all from the past 12 months. Some lessons learned from the data:

- Most patients who scored as “likely non-surgical patients” could have been managed by PCP or referred directly to pain management.
- The number of patients who were “likely non-surgical patients” contributes to increases in delay for care for all referred patients, including those referred who likely did not need surgery.

**Roadblocks:**
HMS Neuro had to make the decision to leave PCR 4.0 mid-way through the project

- Time
- Provider availability
- Competing priorities
- Staffing changes

**Changes Implemented:**
- PDSA training and experience - increased Quality Improvement literacy
- Improved communication within our Patient Centered Medical Neighborhood
- Provider training
- Improved referral form
- EFP developed low back pain patient education tool

- HMS continued the work they started with PCR internally, most notably:
  - Revamping the tiered scoring system they use for prioritizing patients when they learned that scoring system did not relate to outcomes
  - Standardizing provider scoring practices
  - Improved systems for addressing non-surgical candidates so they can seek more appropriate follow-up sooner

**Conclusions/ Lessons Learned:**
- Challenging to make improvements to the referral process without a partner from the patient centered medical neighborhood
- Still important to focus on areas within our control

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