

	Ideally...	Current State/ Negative
In General	<ul style="list-style-type: none"> • Standardized referral process • WE ALL NEED ACCESS TO ALL EHR DATA – CENTRALIZED DATA BANK!!! • We need a standard EMR or to communicate over NCHIN • Give provider options for communication • We need proactive referral coordinators • Develop patient portal to increase communication • Provide guidelines/ simple instructions for patients • Recruit more providers • How does the patient get involved in the process and what do they understand about communication between PCP and specialist? 	<ul style="list-style-type: none"> • Interface between EHRs in not compatible • Inefficient communication • Referral staff turnover • No community wide standard • Who is responsible for the patient after specialist visit and how does this get communicated? • No/ little collaboration • All or none when it comes to information • Out of date technology • Too much redundancy • There’s a disconnect between the patient and the process • Patients have unrealistic expectations
Advice to PCP	<ul style="list-style-type: none"> • Concise summary of clinical questions/ need in referral to specialist at the BEGINNING • PCP – think about what the specialist NEEDS • A ½ page of intelligent introduction is more valuable than pages of non-specific info. We get a referral for “chronic kidney disease”, but NO notes re; what happened (ie dye toxicity, NSAIDS, etc.) <ul style="list-style-type: none"> • PCP’s know to do this for the most part • PCP should tell the patient what they are telling the specialist, why the referral , who referred to, etc..”why am I here?” • All relevant documents are sent via secure electronic transmit • Snapshot plan of care; be succinct • Be clear with referral request and role of PCP in managing the condition vs role of specialist 	<ul style="list-style-type: none"> • Most of the problem is with clinics <ul style="list-style-type: none"> • They almost need an algorithm <ul style="list-style-type: none"> ▪ Patient has a headache – refer to neuro ▪ Patient has back/ knee pain – refer to ortho • Lots of data mining has to happen for the specialist to understand the referral need • Patient doesn’t get the prerequisite labs or dx codes

	<ul style="list-style-type: none"> • Referral staff all have access to referral templates for specific specialists • The specialist sees the patient after the referral is sent. The patient does not inform the specialist when they call for an appointment • Front office of specialty office needs copy of insurance card, not the clinician • PCP communicates to patient what referral involves and gets patient buy-in • Mid-levels MUST be co-signed by supervising MD for referrals (?) 	
Advice to Specialist	<ul style="list-style-type: none"> • Specialist report – clear definition of PCP vs Specialist responsibility in care plan – in first paragraph • Flip order of consult or referral note: assessment/ plan on top – s/o below • Access <ul style="list-style-type: none"> ○ Appt available in a reasonable time frame ○ Responsive to urgent issues ○ Able to talk with specialist ○ Figure out an action plan until patient can be seen • If the patient no-shows, let the PCP know • Specialists need to provide better guidelines for work/ups referrals and • Provide patients with reminder calls • Need clarity re: what specialists want <ul style="list-style-type: none"> ○ Bottom line: what is the clinical question? <ul style="list-style-type: none"> ▪ Elliot, send a picture or a short statement 	<ul style="list-style-type: none"> • Complexity of specialist work up- with additional referrals to different specialists, labs, test, etc?? • There are not enough providers to see all of the patients • Long waits for appointments • No access to one-on-one discussions with specialists • IRIS did not work so all communication takes place via fax • Referrals often get “lost” by providers • Specialist needs to send return fax noting they received the referral or some standard response to PCP and patient • No consist notifications, updates or forgiveness • We never know if the specialist even received the referral • Different expectations from different specialists