Department of Family Medicine
University of Colorado Anschutz Medical Campus

SPLIT SIM TCPi Transforming Clinical Practices Initiative

Learning Community Features

September 21, 2017 10:00 am

Call Instructions

- **Mute your phone, microphone, and speakers on your computer/device**
- **Submit questions by unmuting your own computer, or using *6 if on the phone. Please mute yourself after talking.**
- **Submit questions via the chat box feature**
- **For attendance please enter you name and organization in the chat box**

Department of Family Medicine
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SPLIT SIM TCPi Transforming Clinical Practices Initiative

Learning Community Features
September 21 10:00 am

Agenda

10:00 – 10:05: Welcome and Announcements – Kellyn Pearson
10:05 – 11:00: Medical Neighborhood Training – Dr Carol Greenlee

Announcements:

- Medical Neighborhood Training
  - #2 Oct 10th, 9 to 10 am
  - #3 Oct 24th, 9 to 10 am

- Monthly PTO Trainings will become SIM focused
  - 4th Wednesday of the month, 9 to 10 am

- Learning Features
  - Monthly, 3rd Thursday, 10 to 11 am
  - Apply to all initiatives

The ACP Support & Alignment Network High Value Care Coordination pilot project

Action Steps to Connected Care

1. Look at your internal referral process (get your own house in order)
2. Ensure you get what you need for a high value referral
3. Ensure others gets what they need
4. Develop Care Coordination Agreement(s) (compact) with appropriate referring practice(s)

Action Steps to Connected Care

- **Look at your internal referral process** (*get your own house in order*)
  - Perfor
    proces
    - Ident
    - Deve
  - Define
    proces
  - Develop a Policy & Procedures document for your practice team's internal referral process (will be a work in progress)

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Materials for Action Step 1

Primary Care & Specialty Care
Check lists for Assessing Referral Processes

Examples of Policy & Procedures

Recorded "Segments" of Action Steps

- Action step 2
  1. The Referral Request checklist
  2. Referral Criteria
     1. Urgency/priority of referral need
     2. Pertinent data sets/ referral guidelines
  3. Pre-consultation Request & Review process
- Action step 3
  1. Ensure the patient's needs are met
     1. Patient-centered referral process
  2. Ensure the requesting practice needs are met
     1. Referral Response Checklist
     2. Referral Tracking: Close-the-Loop
  3. Ensure High Value Secondary Referrals
- Action step 4
  1. Create a Care Coordination Agreement
  2. Improve Access

QIA checklist

- If practices are already in process on Medical Neighbor efforts
  - Ensure that the practice truly has the process or element in place – check off
  - Fill in the missing elements or processes with the curriculum and tools
- For difficult to engage practices- “create demand”
  - Are you having trouble getting what you need from a certain practice ? – let’s create a CCA / compact
    - Work backwards to create the CCA and then implement it in the practice

the Medical Neighborhood

Connecting Care

Ensuring Quality Referrals and Effective Care Coordination

Action Step #2

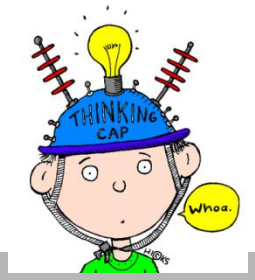
Ensure You Get What You Need for a High Value Referral

ACP SAN special project
for implementing
High Value Care Coordination

ACP
American College of Physicians
Leading Internal Medicine, Improving Lives

Carol Greenlee MD FACP and Beth Neuhalfen

As you listen…

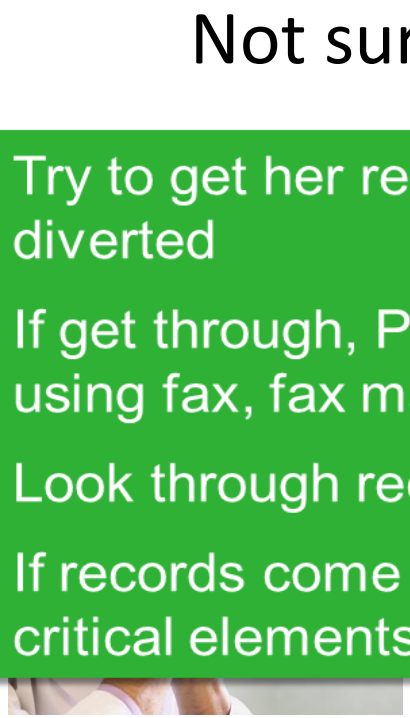


- Think about what is needed with a referral request to provide the most appropriate care for the referred patient, including:
  - Appropriate urgency of the referral appointment
  - Addressing the referral problem & patient's goals
  - Reducing waste or unnecessary resource use for the patient, the practice and the health care system

The Referral Request

Patient in exam room with cc/o “fatigue” (or “lungs” or “heart” or “anemia” or “pain”…)

Not sure what testing was do… …r treatments tried before ref…



- Try to get her records, keep calling PCP…specialty staff time diverted
- If get through, PCP staff has to stop everything to send records (if using fax, fax machine on either side could be busy)
- Look through records while trying to talk to patient & do exam
- If records come after the appointment, back-end work, missed critical elements, wrong pathway, etc.

Surveys show this scenario is all too common

- **68% of specialists** reported receiving **no information** from the ey
  rec e
  inf
- On s
  his
  app rn
  Med
- In Colorado, 37% of specialists receive necessary information (**63% do not**) Systems of Care survey, Colorado Medical Society

This is not good for the patient

Not good for the clinician or practice

Not good for the system

Action Steps to Connected Care

A. Look at your internal referral process (get your own house in order)

B. **Ensure you get what you need for a high value referral**

C. E

D. D

(s)

Three (3) Action Items to Establish:

1. Basic Elements of a Referral Request
2. Referral Criteria/ Guidelines
   - Urgency of the referral needs
   - Pertinent Data Set (Referral Guidelines)
3. Pre-consultation/ Pre-visit review process

1st Define the Basic Elements of the Referral Request

ACP | High Value Care

Check list for a high value **Referral Request**

- *Patient Demographics & Scheduling Information*
- *Referral Information*
- *Patient's Core Data Set*
- *Care Coordination/Referral Tracking*

Patient Demographics and Scheduling Information

- Name, demographics, contact info
- ***Special considerations*** (impa
- Insurance information
- Referring clinician/practice na **ect contact for urgent matters**)
- Indicate that ***patient/surrogate understands and agrees with the purpose of (and type of) referral***
  - ***Educational material*** *for patient (on disorder or specialty)*
- Indicate whether
  - Patient should call to schedule
  - Specialty practice should contact the patient

Prepared Patient

Partner & Participant in care

Define the protocol for making appointments

- The expected protocc
  - The **patient** wi
    appointment
  - The **specialty practi**
    patient
    - Allows for Pre-vis
      disposition
    - Allows for trackir
      accountability

- Set parameters around time limit for waiting to receive that call
- establish a process for what to do if patient has not called

e.g. if patient has not called to schedule within a week of us (specialty practice) receiving the referral request, we will call the patient (or we will notify PCP)

Referral Information

- What is the **specific clinical question** (reason for referral)
- A brief **Summary** of case details pertinent to the referral, include relevant co-morbidities (alarm signs or symptoms)
- Urgency (**referral status** or referral priority)
- **Referral Type** (anticipated, pending specialist's evaluation) (Referral Definition or Role in care requested of the specialist)
- **Pertinent data set**: Clinical information directly relevant to the specific referral question (office notes, test results, etc.) (Supporting data for the referral)

Provide a Clinical Question (or summary of reason for referral) with all referrals

- “eyes” “gallbladder” “diabetes”
- 68 year old female with intermittent double vision. Is ophthalmopathy assessment the correct starting point?
- 39 year old female with severe RUQ pain, abnormal US and known diabetes, does she need surgery?
- 20 yo female with T1DM since age 8 on insulin pump therapy, transferring from pediatric to adult care

Summary of Case Pertinent to the Referral

Clinical question or reason for referral & summary:

- *Help introduce the patient's story*
- "Please help determine which next treatment option is best suited for a 62 yo first grade teacher who has had diabetes for past 10 years. She was allergic to SU; had diarrhea with metformin, edema with Pioglitazone and is now on Long Acting insulin 60 units once daily with widely fluctuating glucose levels and A1c of 10.2%. She is reluctant to check her BG or take injections during the work day due to working with children and the demands of school teacher." (note: this also "turns the patient into a person")

Referral Type

(What is the suggested role of the specialist)

- _____ **Pre-visit Advice / Pre-consultation**
- _____ **Non Face-to-Face** (**e-**) **consultation**
- _____ **Consultation** (Evaluate and Advise, with the goal of managing the problem remaining with the referring clinician)
- _____ **Procedural Consultation**
- _____**Co-Management with Shared Care** (Referring clinician (e.g. PCP) maintains first call for the referral disorder)
- _____ **Co-Management with Principal Care** (Referred to subspecialist/specialist assumes first call for the referral disorder)
- _____ Please assume Full Responsibility for **Complete Transfer** of all Patient Care (e.g .Pediatric to Adult care transition)

Formal Consultation

- **Cognitive consultation (advice)**
  - To obtain specialist's opinion on a patient's diagnosis, abnormal lab or imaging study result(s), treatment or prognosis
  - Limited to one or a few visits that focus on **answering a discrete question**
    - **e-Consultation**: provide advice/recommendations without an office visit *(clinician to clinician)*
- **Procedural consultation**
  - To obtain a technical procedure for diagnostic, therapeutic or palliative purposes
- Include detailed report back to referring physician
- *Examples*: Colonoscopy, Bone Marrow Biopsy, MRSA infection with recurrent carbuncles

Non-Face-to-Face Consultation (including *e-Consultations*)

- A referral that would be needed as a face-to-face consult if e-consult was not available but no longer needed when advice received through the e-consult process
- Key Elements
  - Exchange records and responses
    - Documentation: "*Based on the information I received, I recommend…*"
  - Answer clinical question, and tailor to specific patient characteristics
  - Convert eConsult to standard visit if too complex
  - Compensated time and effort

E-consult Dermatology ("tele-derm") example:

A straightforward problem that can be addressed so the referring provider is able to treat or reassure the patient without a subsequent appointment to Dermatology. Example:

- Skin eruption with which the referring clinician may not be familiar but which dermatology clinician recognizes (e.g. nummular eczema)
  - Can provide adequate suggestions for treatment; the patient is started on the correct treatment and responds, a visit to Dermatology is avoided

Co-Management

(ONGOING management of a patient's medical condition)

- **Shared Care for the disease**
  - (PCP responsible for Elements of Care, takes 'first call')

- **Principal care for the *disease*.**
  - (Specialist responsible for Elements of Care for that disorder or set of disorders, takes 'first call' for the disorder)

- **Principal care of the *patient*** for a consuming illness for a limited period of time
  - (Specialist serves as first contact but patient maintains PCP as medical home/ hub of care)

Patient's Core (general) Data Set

- Active problem list
- Past medical and surgical
- Medication list
- Medical aller
- Preventiv
- Family h
- Habits/socia ory
- List of providers (care team
- Advance directive;
- Overall current care plan

Also Need Shared Information on:

- Global Risk Stratification
- Is patient in Care Management or working with Behavioral Health services
- How are SDoH needs being met (e.g. transportation services)
- Is the Patient under a Pain Contract or Controlled Substance Agreement

Referral Tracking "Cl

- **Referral request sent**
- **Referral request received**
  - Referral ***accepted*** with ***confir*** **to referring practitioner**
  - Referral ***declined due to inap*** and **referring practice notifie**
  - ***Patient defers*** making appt or cannot be reached and **referring practice notified**
- **Referral response sent** (must address clinical question/reason for referral)
  - ***Referral Note*** sent to referring clinician and PCP in timely manner
  - ***Notification of No Show or Cancellation*** (with reason, if known)

Track what you *requested*:

- Deferred
  - F/u with patient or redirect referral
- Confirmed appointment
  - No Show / Cancellation notice
  - Referral Response note & results

The Referral Request Elements

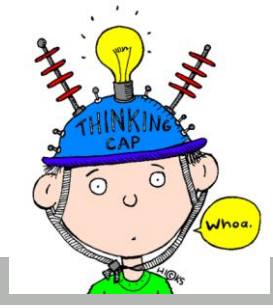
- Applies to ALL referral requests- whenever a patient is referred to another clinician or service:
  - Primary Care to Specialty Care (including Radiology, Pathology and Hospital Medicine)
  - Specialty to Specialty ("Secondary Referrals")
  - Specialty to Primary Care
  - Primary or Specialty Care to Ancillary & other services (Diabetes Ed, Physical Therapy, Nutrition, etc..)

Agree to supply what is needed for High Value Care

Ideal: "Synoptic" Referral Request

- Clinical question or reason for referral: Please help determine which next treatment option is best suited for a 62 yo first grade teacher who has had diabetes for past 10 years. She was allergic to SU; had diarrhea with metformin, edema with Pioglitazone and is now on Long Acting insulin 60 units once daily with widely fluctuating glucose levels and A1c of 10.2%. She is reluctant to check her BG or take injections during the work day due to working with children and the demands of school teacher."
- Urgency: intermediate
- Type of Referral: Shared co-management
- Core Data: attached
- Pertinent Data: lab flow sheet attached
- Patient considerations: Please call after 3 PM due to work hours
- Contact for more info: back line number is 123-456-8901

Put it into action….



- For Primary Care
  - Use this checklist to ensure your referral requests provide the information needed for high value care coordination
- For Specialty Care
  - Use this checklist to ensure you are getting what you need from others (as part of your Pre-consultation review)
  - When/if you send “secondary referrals”, use this checklist to ensure you provide the needed information with the referral you request
- The Referral Request checklist will be part of the Care Coordination Agreement that you will develop

2nd Establish Referral Criteria / Guidelines

- Timing of the referral request and appointment
  - **urgency or priority for scheduling expectations** - urgent, intermediate/move up and routine ("*risk stratification of the referral needs*")

- Supporting data needed for the particular referral condition
  - "***pertinent data sets***" / ***referral guidelines*** for referral conditions

A large specialty clinic…

- Patients are booked on an “as come” (first call, first booked) basis
- If patient’s condition is urgent & requesting clinician is concerned, s/he calls the specialist who tries to *work(squeeze, cram) the patient in* over lunch break …

This is not ideal…

Prioritize / Risk Stratify the Referral Needs

What is the Urgency or Priority for the referred condition : (Referral status)

- **Determine Urgency of referral needs for commonly referred conditions or patient types**
- **Create list of Urgent-Intermediate-Routine conditions for your *practice referral care team***
  - does not need to be all inclusive- this is ***a guide*** to assist with team care & the referral process – a starting point
  - can be modified based on individual patient context
  - Include: “if not sure, ask”

Examples from my practice:

Urgent conditions

- Pregnancy & diabetes
- Pregnancy & thyroid
- Hyperthyroidism
- New thyroid cancer
- New onset T1DM
- DM with frequent/severe hypoglycemia
- New dx Addison's disease
- Pituitary mass with vision loss

Move Up (Intermediate)

- Diabetes out of control
- Hypercalcemia
- Pituitary
- Adrenal

Routine

- PCOS
- Weight gain
- Low T
- Hypothyroid not feeling well

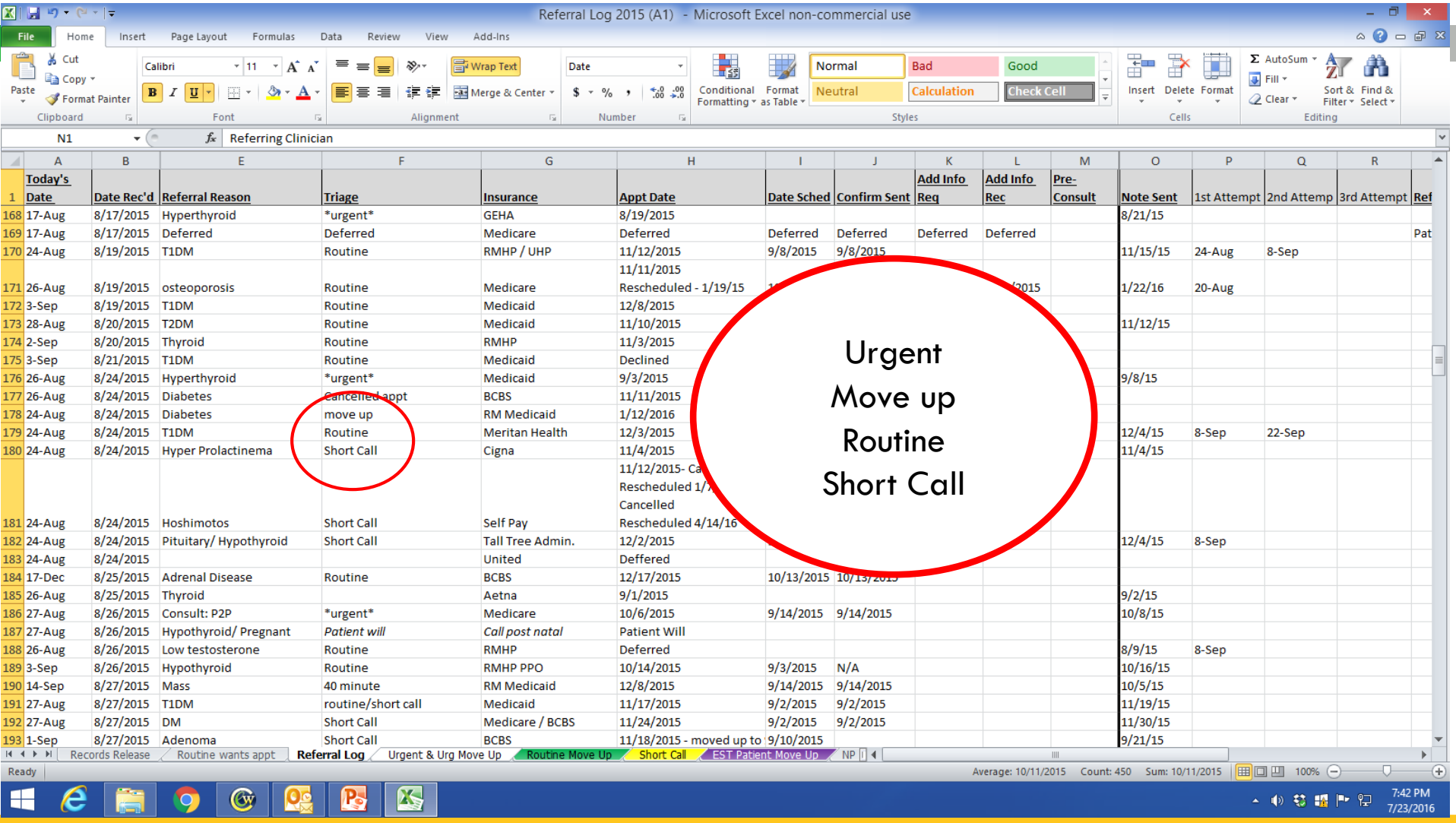
Risk Stratify the Referral Needs

- **Consider sharing the list with referring practice(s) as part of your Care Coordination Agreement**
  - The requesting practice is asked to communicate regarding the perceived urgency of the referred condition;
  - Other clinicians often have different perceptions of urgency than the specialty practice (e.g. Hyperthyroidism as routine referral request vs urgent referral needs)
  - Helps avoid use of “urgent” to get patient in sooner for non-urgent needs

Schedule Based on the Referral Needs

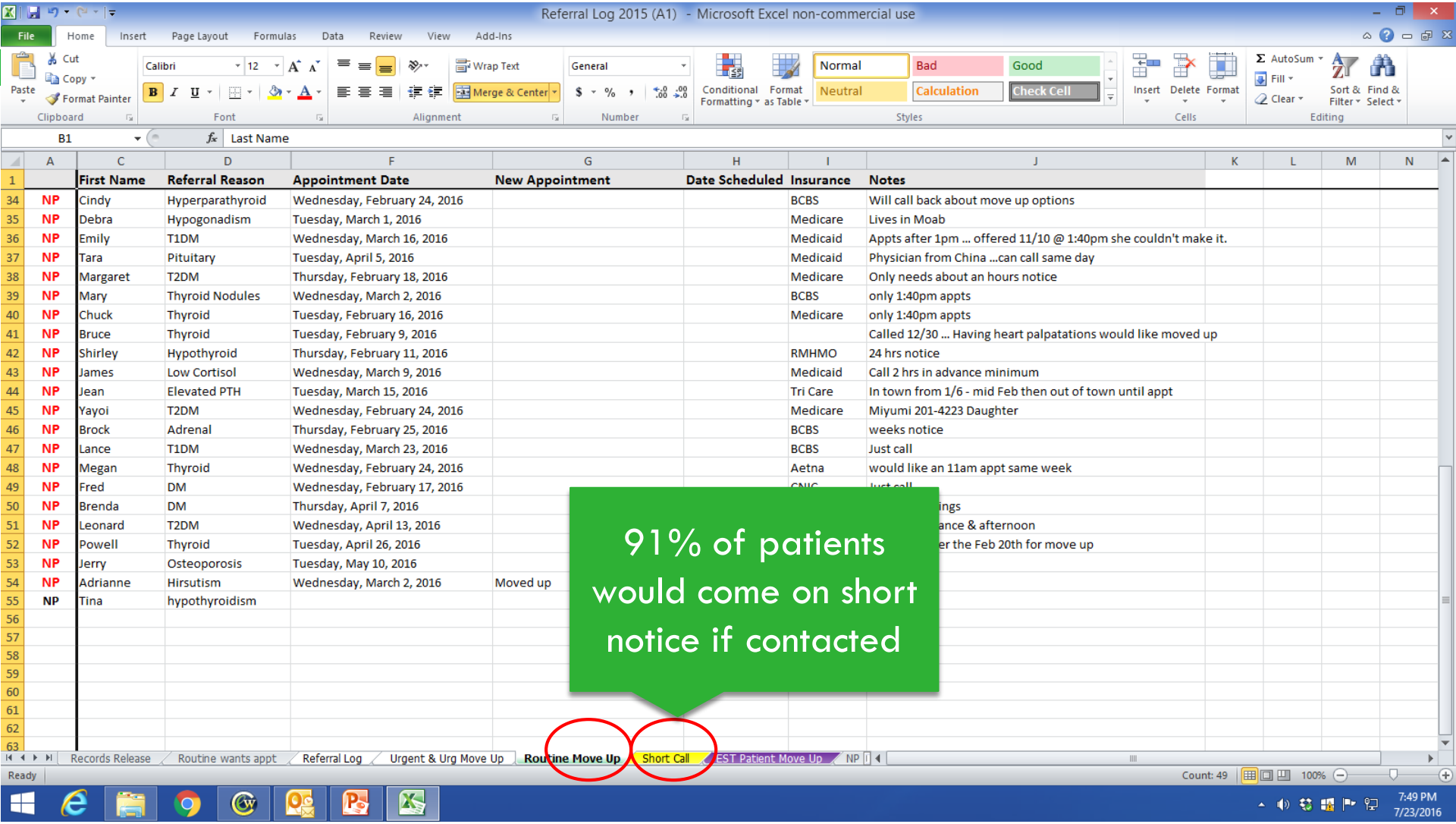
- **Have a mechanism to *schedule* patients in accordance with their referral needs / risk status**
  - Reserved Urgent spots ("work the referral; work the schedule")
  - On-call clinician to see patients with urgent referral needs
  - Other options

Triage (Risk Stratification) and Tracking

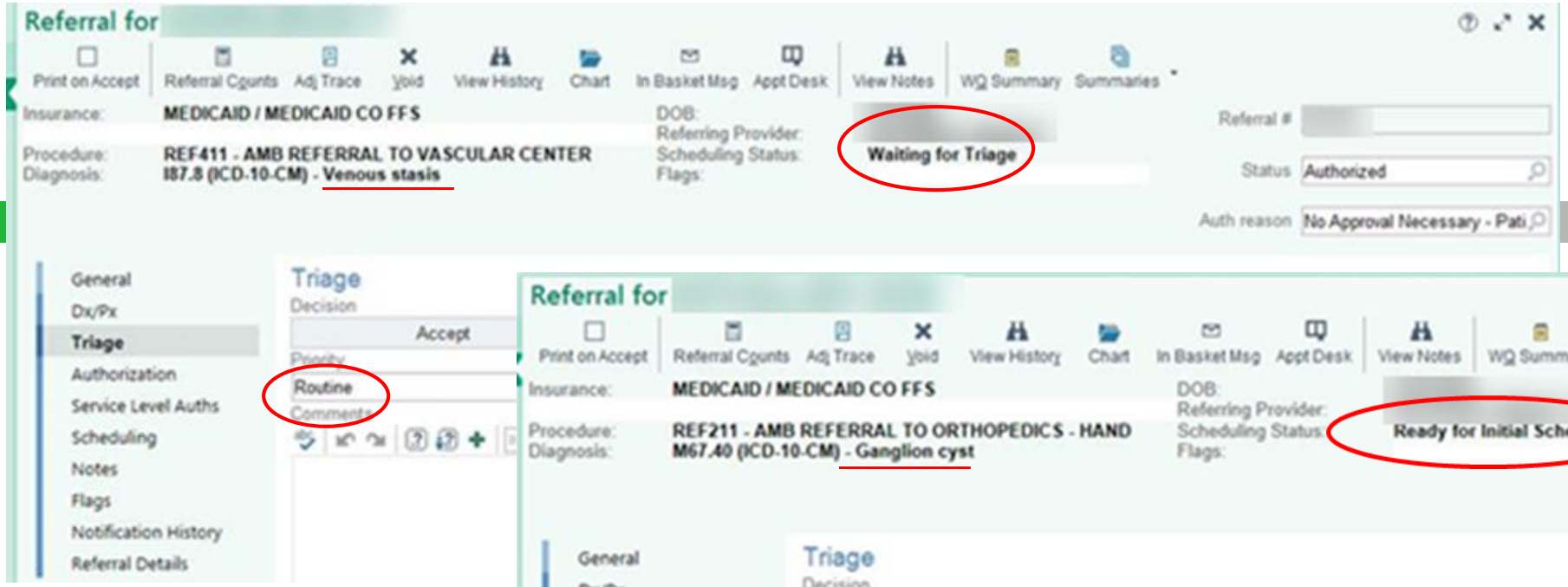


	Today's Date	Date Rec'd	Referral Reason	Triage	Insurance	Appt Date	Date Sched	Confirm Sent	Add Info Req	Add Info Rec	Pre-Consult	Note Sent	1st Attempt	2nd Attemp	3rd Attempt	Ref
168	17-Aug	8/17/2015	Hyperthyroid	*urgent*	GEHA	8/19/2015						8/21/15				
169	17-Aug	8/17/2015	Deferred	Deferred	Medicare	Deferred	Deferred	Deferred	Deferred	Deferred						Pat
170	24-Aug	8/19/2015	T1DM	Routine	RMHP / UHP	11/12/2015	9/8/2015	9/8/2015				11/15/15	24-Aug	8-Sep		
171	26-Aug	8/19/2015	osteoporosis	Routine	Medicare	11/11/2015 Rescheduled - 1/19/15						1/22/16	20-Aug			
172	3-Sep	8/19/2015	T1DM	Routine	Medicaid	12/8/2015										
173	28-Aug	8/20/2015	T2DM	Routine	Medicaid	11/10/2015						11/12/15				
174	2-Sep	8/20/2015	Thyroid	Routine	RMHP	11/3/2015										
175	3-Sep	8/21/2015	T1DM	Routine	Medicaid	Declined										
176	26-Aug	8/24/2015	Hyperthyroid	*urgent*	Medicaid	9/3/2015						9/8/15				
177	26-Aug	8/24/2015	Diabetes	Cancelled appt	BCBS	11/11/2015										
178	24-Aug	8/24/2015	Diabetes	move up	RM Medicaid	1/12/2016										
179	24-Aug	8/24/2015	T1DM	Routine	Meritan Health	12/3/2015						12/4/15	8-Sep	22-Sep		
180	24-Aug	8/24/2015	Hyper Prolactinema	Short Call	Cigna	11/4/2015						11/4/15				
181	24-Aug	8/24/2015	Hoshimotos	Short Call	Self Pay	11/12/2015- Ca Rescheduled 1/7 Cancelled Rescheduled 4/14/16										
182	24-Aug	8/24/2015	Pituitary/ Hypothyroid	Short Call	Tall Tree Admin.	12/2/2015						12/4/15	8-Sep			
183	24-Aug	8/24/2015			United	Deffered										
184	17-Dec	8/25/2015	Adrenal Disease	Routine	BCBS	12/17/2015	10/13/2015	10/13/2015								
185	26-Aug	8/25/2015	Thyroid		Aetna	9/1/2015						9/2/15				
186	27-Aug	8/26/2015	Consult: P2P	*urgent*	Medicare	10/6/2015	9/14/2015	9/14/2015				10/8/15				
187	27-Aug	8/26/2015	Hypothyroid/ Pregnant	*Patient will*	*Call post natal*	Patient Will										
188	26-Aug	8/26/2015	Low testosterone	Routine	RMHP	Deferred						8/9/15	8-Sep			
189	3-Sep	8/26/2015	Hypothyroid	Routine	RMHP PPO	10/14/2015	9/3/2015	N/A				10/16/15				
190	14-Sep	8/27/2015	Mass	40 minute	RM Medicaid	12/8/2015	9/14/2015	9/14/2015				10/5/15				
191	27-Aug	8/27/2015	T1DM	routine/short call	Medicaid	11/17/2015	9/2/2015	9/2/2015				11/19/15				
192	27-Aug	8/27/2015	DM	Short Call	Medicare / BCBS	11/24/2015	9/2/2015	9/2/2015				11/30/15				
193	1-Sep	8/27/2015	Adenoma	Short Call	BCBS	11/18/2015 - moved up to	9/10/2015					9/21/15				

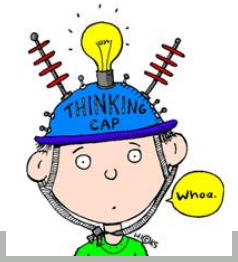
Working the Schedule



	First Name	Referral Reason	Appointment Date	New Appointment	Date Scheduled	Insurance	Notes
NP	Cindy	Hyperparathyroid	Wednesday, February 24, 2016			BCBS	Will call back about move up options
NP	Debra	Hypogonadism	Tuesday, March 1, 2016			Medicare	Lives in Moab
NP	Emily	T1DM	Wednesday, March 16, 2016			Medicaid	Appts after 1pm ... offered 11/10 @ 1:40pm she couldn't make it.
NP	Tara	Pituitary	Tuesday, April 5, 2016			Medicaid	Physician from China ...can call same day
NP	Margaret	T2DM	Thursday, February 18, 2016			Medicare	Only needs about an hours notice
NP	Mary	Thyroid Nodules	Wednesday, March 2, 2016			BCBS	only 1:40pm appts
NP	Chuck	Thyroid	Tuesday, February 16, 2016			Medicare	only 1:40pm appts
NP	Bruce	Thyroid	Tuesday, February 9, 2016				Called 12/30 ... Having heart palpatations would like moved up
NP	Shirley	Hypothyroid	Thursday, February 11, 2016			RMHMO	24 hrs notice
NP	James	Low Cortisol	Wednesday, March 9, 2016			Medicaid	Call 2 hrs in advance minimum
NP	Jean	Elevated PTH	Tuesday, March 15, 2016			Tri Care	In town from 1/6 - mid Feb then out of town until appt
NP	Yayoi	T2DM	Wednesday, February 24, 2016			Medicare	Miyumi 201-4223 Daughter
NP	Brock	Adrenal	Thursday, February 25, 2016			BCBS	weeks notice
NP	Lance	T1DM	Wednesday, March 23, 2016			BCBS	Just call
NP	Megan	Thyroid	Wednesday, February 24, 2016			Aetna	would like an 11am appt same week
NP	Fred	DM	Wednesday, February 17, 2016				
NP	Brenda	DM	Thursday, April 7, 2016				
NP	Leonard	T2DM	Wednesday, April 13, 2016				
NP	Powell	Thyroid	Tuesday, April 26, 2016				
NP	Jerry	Osteoporosis	Tuesday, May 10, 2016				
NP	Adrianne	Hirsutism	Wednesday, March 2, 2016	Moved up			
NP	Tina	hypothyroidism					


Referral for
Print on Accept
Referral Counts
Adj Trace
Void
View History
Chart
In Basket Msg
Appt Desk
View Notes
WQ Summary
Summaries
Insurance: MEDICAID / MEDICAID CO FFS
Procedure: REF411 - AMB REFERRAL TO VASCULAR CENTER
Diagnosis: I87.8 (ICD-10-CM) - Venous stasis
DOB:
Referring Provider:
Scheduling Status: Waiting for Triage
Flags:
Referral #
Status: Authorized
Auth reason: No Approval Necessary - Pati
General
Dx/Px
Triage
Authorization
Service Level Auths
Scheduling
Notes
Flags
Notification History
Referral Details
Triage
Decision
Accept
Priority
Routine
Comments
Referral for
Print on Accept
Referral Counts
Adj Trace
Void
View History
Chart
In Basket Msg
Appt Desk
View Notes
WQ Summary
Insurance: MEDICAID / MEDICAID CO FFS
Procedure: REF211 - AMB REFERRAL TO ORTHOPEDICS - HAND
Diagnosis: M67.40 (ICD-10-CM) - Ganglion cyst
DOB:
Referring Provider:
Scheduling Status: Ready for Initial Scheduling
Flags:
General
Dx/Px
Triage
Authorization
Service Level Auths
Scheduling
Notes
Flags
Notification History
Referral Details
Triage
Decision
Accept
Reject
Priority
Routine
Schedule by
Comments
Insert SmartText
===View-only below this line===
Kayla A Robles, PA-C
Seen by Dr. Livermore in 2015. Please schedule with her. This is non-urgent.
Referral for
Print on Accept
Referral Counts
Adj Trace
Void
View History
Insurance: AETNA / AETNA
Procedure: REF411 - AMB REFERRAL TO VASCULAR CEN
Diagnosis: I73.9 (ICD-10-CM) - Peripheral vascular disease
I73.9 (ICD-10-CM) - Claudication
General
Dx/Px
Triage
Authorization
Service Level Auths
Scheduling
Notes
Flags
Notification History
Referral Details
Triage
Decision
Accept
Reject
Priority
Routine
Schedule by
Comments
Insert SmartText
===View-only below this line===
Paisley A Johnson, NP
DO NOT SCHEDULE. PT WILL BE SCHEDULED BY CARDIOLOGY. PLEASE CALL 303-602-3899 with questions.

Put it into action …



- Use the risk stratification list for urgency of referral needs (priority) as part of the Pre-consultation review process for appropriate scheduling

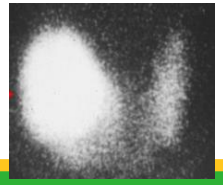
- Attach risk stratification list as supplement to the Care Coordination Agreement as guide for referral requests

"Backwards" care ➡ Inappropriate Care

Two Cases from an Academic Medical Center

- Patient comes for "uncontrolled" T2DM,
- no A1C available (did not ha
- sp
- su
- ca
  ig
  about and just adjust current oral regimen

- Patient drove 3 hours for appointment to get FNA of thyroid nodule ,
- found to have suppressed TSH due to "hot" nodule *(FNA not indicated)*



Information Void – Value Void

Low Value Care (No Benefit/ Cost)

Supporting Data (Pertinent Data Set) for the referred condition

- **Pertinent to the clinical question or reason for referral** (*not data dump*)
- **Adequate enough to address the issues** (*reduce duplication*)

- To allow the specialty practice to
  - **determine if the referral is to the appropriate specialty**
  - **effectively triage urgency**
  - **effectively address the referral (enough info to do something)**

Parameters for Pertinent Data Sets

- The Pertinent Data Set / referral guideline should not create a significant burden for the referring physician
  - Should be a "**minimal data set**" for the condition
  - Process can be iterative –
    - use of ***pre-consultation process*** with ***pre-visit assistance*** to ask for more information or addition testing or therapeutic trial when indicated and appropriate based on individual case

Cognitive/Memory Difficulties

Developed by	American Academy of Neurology
How developed	A survey identified the most common reasons for referral. The templates were developed after review of the literature. In addition to a dedicated work group, multiple committees where asked to review and comment.

Additional essential patient information	• A brief summary of the case details pertinent to the referral, including family history. Please indicate in the summary if the patient has any of the following:
	  • Rapidly progressive cognitive difficulties
	  • Focal findings on examination
	  • Associated abnormal movements
	  • Use of psychotropic medications
	• Provide:
	  • TSH
	  • Vitamin B12
	  • Folic acid
	  • CBC with differential
	  • CMP

Additional patient information, if available	• Images • Neuropsychological testing • Drug screen • Urinalysis
Alarm symptoms/conditions	Rapidly evolving cogitative disorder
Tests/procedures to avoid prior to consult	Imaging, EEG, neuropsych testing
Common rule-outs to consider prior to consults	Depression
Relevant "Choosing Wisely" elements	None provided
Healthcare professional and/or patient resources	Healthcare Professional Information: Rosenbloom MH. *The Neurologist* 2011;17:67-74 Brodaty, Am J Geriatr Pshchiatry, 2006 Patient Information: http://www.alz.org/dementia/mild-cognitive-impairment-mci.asp

Anaphylaxis (including idiopathic anaphylaxis, possible reaction to drug, insect sting, food, exercise, etc.)

Developed by	The American Academy of Allergy, Asthma & Immunology (AAAAI) and the American College of Allergy, Asthma and Immunology (ACAAI)
How developed	Prepared by task force of the AAAAI and the ACAAI with approval by both organizations
Additional essential patient information	History is essential and patients are more likely to remember preceding events more clearly closer to the event. Therefore the following history should be obtained: • List of all foods consumed and drugs taken within the 4 to 6 hours preceding the event • Circumstances of a preceding bite or sting • Preceding activities (exercise, sexual)
Additional patient information, if available	Tryptase levels (be sure to note when the tryptase was drawn in relation to the time of the event)
Alarm symptoms/conditions	Prescribe intramuscular epinephrine for possible future episode. Antihistamines often inadequate
Tests/procedures to avoid prior to consult	See Choosing Wisely section
Common rule-outs to consider prior to consults	None provided
Relevant "Choosing Wisely" elements	• Do not order specific IgE testing for foods • Do not be concerned about allergy reaction to egg protein in influenza and other egg based vaccines
Healthcare professional and/or patient resources	Healthcare Professional Information: Lieberman et al. The Diagnosis and Management of Anaphylaxis Practice Parameter: 2010 Update. J Allergy Clin Immunol. 2010; 126: 477-80 Update on influenza vaccination of egg allergic patients: Ann Allergy Asthma Immunol 2013; 111: 301-302 Healthcare Professional and Patient Information: http://www.aaaai.org http://www.acaai.org

Immunodeficiency

Developed by	The American Academy of Allergy, Asthma & Immunology (AAAAI) and the American College of Allergy, Asthma and Immunology (ACAAI)
How developed	Prepared by task force of the AAAAI and the ACAAI with approval by both organizations.
Additional essential patient information	Description of: • Infections • Failure to thrive • Family history of immune deficiency
Additional patient information, if available	• Immunoglobulin (Ig GAME) • CBC • Any lymphocyte analysis
Alarm symptoms/conditions	Serious infections: sepsis, CNS infections
Tests/procedures to avoid prior to consult	• Do not give immunizations before consultation. The evaluation of the immune response is critical to the diagnosis. • Do not administer live vaccines.
Common rule-outs to consider prior to consult	None provided
Relevant "Choosing Wisely" elements	Do not administer parenteral immunoglobulin without proving the lack of response to antigenic stimuli
Healthcare professional and/or patient resources	Healthcare Professional Information: Practice Parameter for the Diagnosis and Management of Primary Immunodeficiency. http://www.allergyparameters.org/app/download/7984506970/2005+Immunodeficiency.pdf?t=1373021808 Ann Allergy 2005; 94:S1-S63 at http://www.bragid.org.br/download/practice_parameter.pdf www.jcaai.org/page/Practice_Parameters/ Healthcare Professional and Patient Information: http://www.aaaai.org

Available Pertinent Data Sets

Allergy, Asthma and Immunology
- Rhinosinusitis
- Anaphylaxis (includes idiopathic anaphylaxis, possible reaction to drug, insect sting, food, exercise, etc.)
- Asthma
- Immunodeficiency

Endocrinology
- Osteoporosis
- Thyroid cancer
- Thyroid nodule--Biopsy Request
- Thyroid nodule--Biopsy Complete
- Diabetes - Type 1
- Hypothyroidism
- Hyperthyroidism

Gastroenterology
- Rectal bleeding
- GERD
- Right Upper Quadrant (RUQ) Abdominal Pain
- Chronic diarrhea

General Internal Medicine
- Hypertension
- Diabetes - Type II
- Preoperative evaluation

Hematology
- Anemia/Iron deficiency
- Hypercoagularbility
- Lymphadenopathy

Hepatology
- Chronic Hepatitis C
- Abnormal Liver Function Test (LFT) Results

Nephrology
- Reduced glomerular filtration rate/renal dysfunction
- Albuminuria/proteinuria
- Acute or subacute kidney injury

Neurology
- Numbness/weakness/gait instability
- Spells
- Cognitive/Memory difficulties
- Altered mental state
- Headache
- Transient Focal Neurologic Deficit

Oncology
- Suspected malignancy
- Confirmed malignancy

Rheumatology
- Osteoporosis
- Gout
- Joint pain

Develop Pertinent Data Sets for Referred Conditions

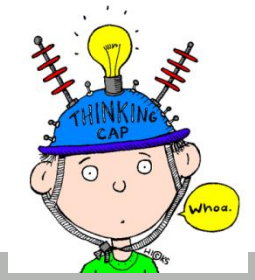
- Identify 1 to 4 referral conditions
  - most common
  - most critical
  - most problematic (do not get needed info or get a lot of unnecessary info or get too late or too early)
- Determine "pertinent data sets" for those conditions
  - What supporting data is critical
  - What is helpful but optional (attach results if already done but not necessary to do)
  - What is unnecessary or should not be done

Put it into action….

- Use your practice Pertinent Data Sets / Referral Guidelines as part of Care Coordination Agreement with a referring practice to improve the referral process

- Use your Pertinent Data Sets / Referral Guidelines for your practice team to help with Pre-consultation/ Pre-visit review to ensure needed information is received so to maximize the value of the referral appointment

As you listen…



- Think about how investing in a Pre-consultation (Pre-visit review and assistance) process could help make the referral process
  - more patient-centered &
  - also save time & effort (resources) for the practice (reduce chaos at time of appointment & the back-end burden)

Antithesis of High Value Coordinated Care:

- Common scenario #1:
  - 60 yo woman was referred to surgeon Dr. Z by another specialist for a procedure. After a 3 month wait for the appointment, Surgeon Z. read her records as he walked in the room saying “I don’t do that procedure. You will need to go to XXX Clinic to get that done”.

  - Waste:
    - Delay: Progression of condition, harm
    - Non-value-added appointment for all in involved

Antithesis of High Value Coordinated Care:

- Common scenario #2:
  - 70 year old woman does not know why she was referred, PCP staff just told her to make appt, no records, only get into voice mail at PCP office

  - Waste:
    - Resources (duplicated testing, visit costs, time)
    - Access "jammed up" (delay of care…downstream effects)

Pre-consultation to the rescue !

What is Pre-consultation?

(Intended to expedite & prioritize care)

- A ***request*** for pre-visit advice and/ or assistance
  - Should not require in-depth analysis of the case
    - Can result in no need for further assessment or management
    - Can "evolve" into an e-consult or face-to-face appointment
- A ***process*** of pre-visit **review**
  - To ensure appropriateness of the referral
  - To ensure adequacy of the referral information
  - To provide advice or assistance as needed for preparation for the referral appointment and interim care
    - Additional testing
    - Therapeutic trial
    - Interim care to stabilize while waiting for specialty care

Pre-consultation *Request* for Pre-visit Advice and/or Assistance

Pre-visit preparation or assistance can take place before any type of formal referral & can include:

- Request for guidance regarding whether referral is appropriate and/or necessary
- Request for guidance on the urgency of the referral
- Request for guidance for pre-visit work-up.

Through these interactions, patient care is optimized and cooperation & an educational process around that care occurs between the practices

I am referring this patient for:

- ___Pre-consultation/ pre-visit assistance/preparation
- ___Medical Consultation: Evaluate and advise with recommendations for management and send back to me
- ___Procedural Consultation: Specialist to confirm need for and perform requested procedure if deemed appropriate.
- ___Co-management: I prefer to *share the care* for the referred condition (PCP lead, first call)
- ___Co-management: Please assume principal care for the referred condition: (Specialist assumes care, first call)
- ___Please assume full responsibility for the care of this patient (Complete transfer of care)

Examples of Pre-consultation requests:

- Are these slightly abnormal thyroid function studies of concern? Do they need further evaluation?
  - If so, what additional testing do you want before the appointment
- For referral to Nephrology for new patient evaluation for renal dysfunction, patient has had an Abdominal CT scan,
  - Does patient still need Renal US before you will schedule?
- Receive photo of skin lesion with referral to “r/o melanoma”
  - Review by dermatology identifies it as benign (e.g. seborrheic keratosis); requesting practice notified & patient receives reassurance

Response to a Pre-consultation Request

- Clinician involvement is critical
- Can indicate
  - No need for further assessment or treatment
  - Need for a different specialty type
  - Need for additional testing or therapeutic trial prior to referral
  - Need for formal face-to-face appointment
  - Simple issues amenable to recommendations per “e-consult” (virtual consultation clinician-to-clinician)
- Can send response by faxed note (or even phone call) if shared or interoperable EMR is not available

Pre-consultation *Review* ("working the referral")

- Recommended for all referral requests
- Review prior to scheduling patient
  - To ensure appropriate referral
  - Determine urgency of the referral
  - Ensure adequate information for high value referral
- Can be a team process (with clinician oversight & availability)
  - Use of referral request checklist
  - Use of lists of urgent-intermediate-routine conditions
  - Use of referral guidelines/ pertinent data sets
  - Clinician review of outlier or complex cases

How do you request missing information?

- Phone call to referring practice
- Forms
- Tracking system to ensure receive

It's worth the investment in time & effort up front to prevent the chaos & disruption and back-end mess & burden

We need additional information:
___Clinical Question or Reason for Referral with brief summary of issues
___Type of Interaction Requested
_____Consultation only with Recommendations for management sent back to me
_____Co-Management: I prefer to Share the Care for the Referred Disorder (s)
_____Co-Management: Please assume Principal Care for the Referred Disorder(s)
_____Please have Dr Greenlee recommend type of interaction best suites this case
_____Additional DATA
Core Data_____
Lab_____
Imaging_____
Office Notes _____
Other_____
Thank you,
Care Coordinator for Western Slope Endocrinology

Pre-consultation/ Pre-visit Review Check-list

- Identify if referral is to appropriate specialty
  - If referred condition is better managed by a different specialty:
    - What process do you use to redirect the referral?
    - Who notifies the patient?
- Identify if referral appointment is needed (indicated)
  - If further evaluation or management is not indicated
    - Explain why not indicated (e.g. “thyroid nodule guidelines” or ….)
    - Answer simple question that does not require formal consultation (e.g. “this does not require any treatment”)
    - Who notifies & explains to patient?

Need to know that referring practice has process for handling

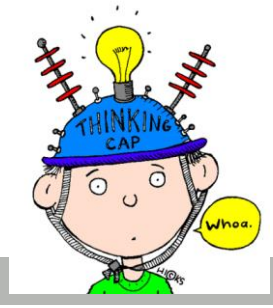
Pre-consultation/ Pre-visit Review Check-list

- Are the referral request elements complete?
  - Is the clinical question clear
  - Is there adequate & pertinent supporting data (pertinent date set)
  - Is the Core Medical Data set included
- What is the urgency (risk stratification) of the referral needs?
  - Is the patient scheduled according to those needs

Pre-consultation/ Pre-visit Review

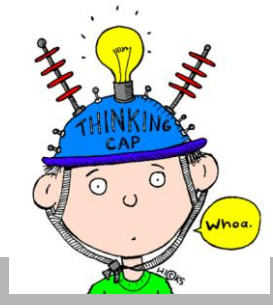
- Improves value of appointment for patients
- Creates more time for interaction with the patient around the reason for referral or the clinical question
- Improves resource utilization by both requesting & responding practices
- Reduces stress and increases cooperation around caring for the patient
- Improves access
- Improves safety
- Reduces waste

Put it into action….



- For Primary Care
  - Consider a Pre-consultation Request for patients you need guidance on preparation for referral or if not sure about need for referral, type of specialty or timing
- For Specialty Care
  - As you develop your Pre-consultation Review process
    - Use the Referral Request checklist
    - Use the urgency / priority lists
    - Use the Pertinent Data Sets / Referral guidelines

Leave in action….



- Create lists of conditions that are usually urgent, intermedia… up) or routine in priority (i.e. ho…
- De… at le… our pr… n Va…
- De…

Materials for Action Step 2

Outpatient Referral Request Checklist

HVCC Checklist for Developing Pertinent Data Sets / Referral Guidelines

HVCC Pre-consultation Review Checklist

www.acponline.org/hvcc-training

What's on Your Mind?

Futu

Department of Family Medicine
University of Colorado Anschutz Medical Campus

September 2017

- **9/26 -- Colorado QPP Coalition Office Hours webinar-QPP Performance Category Reporting**
- **9/27 – SIM PTO Training**

October 2017

- **10/5 -- CQM Update 11 to noon**
- **10/4 – TCPi CLS Denver West**
- **10/10 – TCPi PTO Touch base-Medical Neighborhood Training**
- **10/12 – SIM Office Hours**
- **10/18 – MGMA Practice Webinar**
- **10/19 – Learning Features Call – Medicaid APMs**
- **10/24 -- Medical Neighborhood Training**
- **10/24 -- Colorado QPP Coalition Office Hours webinar- Quality Resource & Utilization Report (QRUR) Education and Training**
- **10/25 – SIM PTO Training**

Fall Collaborative Learning Sessions

- Registration info in CHES Newsletter
  - TCPi Oct 4th – Denver West Marriott
  - SIM Nov 3 – Denver Omni Hotel

  - Western Slope SIM/TCPi Dec 15th – Grand Junction

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Resources

- Practice Innovation Program Colorado; http://www.practiceinnovationco.org/
- Events: http://www.practiceinnovationco.org/events/
- TCPi Healthcare Communities; http://www.healthcarecommunities.org/
- CMS Medicare Quality Payment Program (QPP); https://qpp.cms.gov/
- Colorado QPP Coalition; http://www.cms.org/coqpp/
- Support and Available Options for Small, Underserved, and Rural Practices; https://qpp.cms.gov/about/small-underserved-rural-practices

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EvidenceNOW SOUTHWEST

SPLIT

SIM State Innovation Model

TCPi Transforming Clinical Practices Initiative

University Practice Innovation Team Contact Information

Practice Transformation – Stephanie.Kirchner@ucdenver.edu

Learning Community - Kellyn.Pearson@ucdenver.edu

CQMs – Andrew.Bienstock@ucdenver.edu

SPLIT/Data Related – Lauren.Shviraga@ucdenver.edu

ENSW – Daniel.Pacheco@ucdenver.edu

TCPi - Kristin.Crispe@ucdenver.edu or Allyson.Gottsman@ucdenver.edu

SIM – Taryn.Bogdewiecz@ucdenver.edu or Heather.Stocker@ucdenver.edu

Invoicing – Natalie.Buys@ucdenver.edu