Gastroenterology

Describe the Practice:

Gastroenterology Practice is finding they have limited access for referrals. They have a back log of patients for follow up and new referrals are booked out 8 – 10 weeks. The physicians are experiencing an uptick in phone calls directly from Primary Care Physicians trying to get their patients seen sooner. The PCP's feel their patients are frequenting the ED to get answers despite the evaluations and medical management the PCPs have been doing.

Current State:

The practice is unsure where to start in addressing the referral backlog, and they are concerned about the frustration they are hearing from their referring primary care providers. When asked if they are able to identify any areas of waste in their system, the practice manager noted that they have been discussing how to better handle many referrals for patients with heartburn who are being referred for diagnostics of gastro-esophageal reflux disease using endoscopy. They are concerned that many of these referrals are unnecessary based on the evidence, but unsure how to approach this given the frequency of referrals and the patient expectations that endoscopy will be beneficial to them. Their Referral Specialist is concerned that there are inefficiencies in their referral process but is not sure how to tackle it.

Discussion: You are the Practice Facilitator talking to the Gastroenterology Practice Manager. What might you explore further with the Practice Manager to move the conversation forward? What else is important to know about the current state of referrals?

Adapted from HealthInsight Case Template for Patient Flow ECHO

Case Study Continues:

Following your conversation, the practice moves forward to better understand the current referral process by mapping it with the help of the Referral Specialist and by engaging the front desk staff to learn more about how scheduling of new referrals is working. You notice that the referral process is not clear to most in the office and has no mechanism to distinguish the urgency of the referral. Scheduling is challenging in that most of the schedule template is for established patients despite a high no show rate. To ensure adequate revenue, the front desk maintains a cancellation list to allow quicker access for new referrals. At least 50% of the new referrals are seen without records or referral notes from the PCP.

Discussion: How would you guide the Practice Manager at this point? What guidance would you give her about what might be possible?

Case study Continues:

The Practice Manager consults with the physicians to determine what is important to them. They want to provide high value care to their patients and would love a more organized approach to their days. In particular, they would like to have a way to distinguish urgent from less urgent referrals, have records and consult notes when patients are seen and to be able to prevent visits when not necessary, when what is requested is not evidence-based or when enough information is not available to ensure a high value visit.

DISCUSSION: Consider the clinicians goals of:

- **Distinguish urgent from less urgent referrals**
- **Have records and consult notes when patients are seen**
- **Prevent visits when not necessary, when what is requested is not evidence-based or when enough information is not available to ensure a high value visit**

How would you guide change in this practice? *Consider support for practice culture change, emphasis on professionalism, communication with referring physicians, provider-patient communication skills and patient education needs.*

Adapted from HealthInsight Case Template for Patient Flow ECHO

What are some metrics you could monitor?

The initial problem in this practice was access and patients seeking care in the ED since it was so long before they could be seen. What other improvements should be considered in addition to an improved referral system?

Assume this practice is considering value-based care in the near future. If the practice can demonstrate that they have decreased waste in their practice, they will be eligible for incentive payments. What data would be helpful for them to make their case? Include metrics/data for:

- Improved referral process
- Improved access to care at the gastroenterology practice
- ED diversion (for patients in the network)

Adapted from HealthInsight Case Template for Patient Flow ECHO