

San Francisco eReferral Project

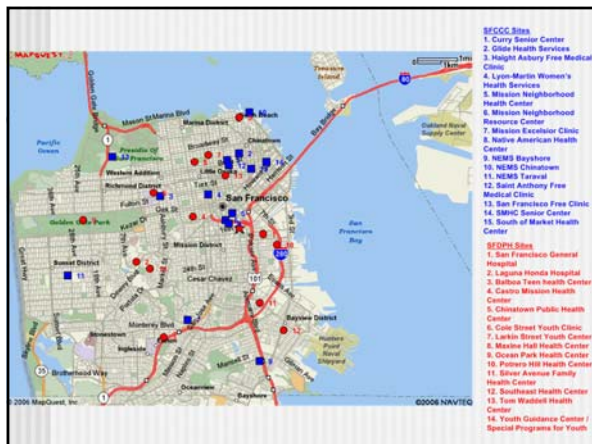
Lisa Pratt, MD, MPH
SF Community Clinic Consortium

Hal Yee, Jr., MD, PhD
UCSF/San Francisco General Hospital

Alice Hm Chen, MD, MPH
UCSF/San Francisco General Hospital

Overview

- The Problem: Specialty Access
- One Solution: GI eConsult Pilot
- eReferral Project
 - Background
 - Description
 - Outcomes
 - Success Factors
 - Issues and Challenges

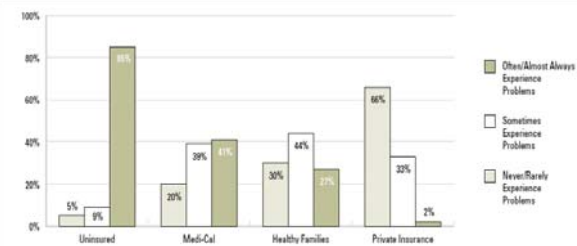


San Francisco Safety Net



The Problem: Specialty Access

Figure 1. Percent of Medical Directors Reporting Patients Experiencing Problems Obtaining Specialty Care



Felt-Lisk S, McHugh M. "Examining Access to Specialty Care for California's Uninsured." California Health Care Foundation Issue Brief, May 2004.

The Problem: Specialty Access



- Demand >> Supply
- Onerous and unreliable referral system
- Lack of equitable triage
- Poor communication between specialists and primary care providers
- GMC>FHC>CHN>SFCC

The Problem: Specialty Access

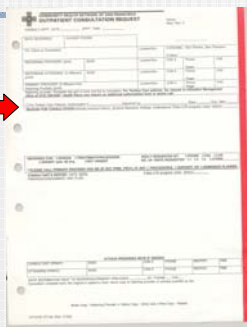
- Leveraging personal relationships
- Individual advocacy
- Misrepresentation of acuity
- Patient coaching
- Emergency department referral
- The referral process

The Problem: Wait Times

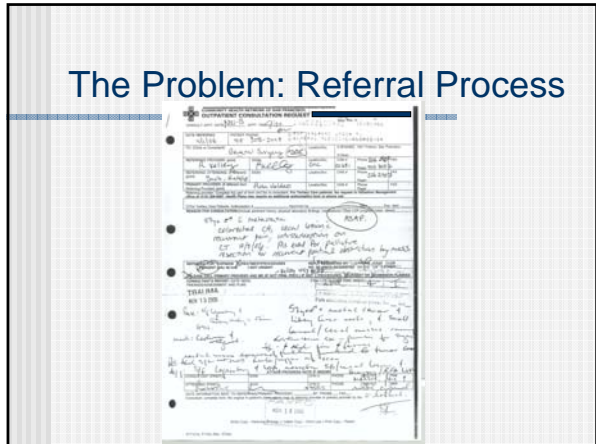
Clinic	2/4/05	4/22/05	2/21/06	5/22/06	8/16/06	11/8/06
Chest	55	97	121	129	148	120
Endocrine	59	157	226	231	232	204
Renal	301	223	241	228	310	184
Rheumatology	166	N/A	169	184	141	205
Hand	25	4	21	120	13	69
Ophthalmology	38	N/A	49	N/A	65	56
Optometry	55	101	48	112	121	152
Otolaryngology	14	N/A	N/A	25	5	35
Urology	35	0	70	141	9	58

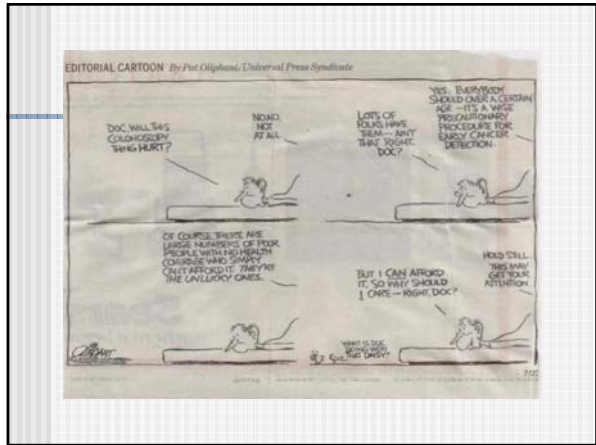
The Problem: Referral Process

Reason for Consultation →
 (Include pertinent history,
 physical laboratory findings,
 medications)



The Problem: Referral Process





One Solution: GI eConsult

Initial Concept:

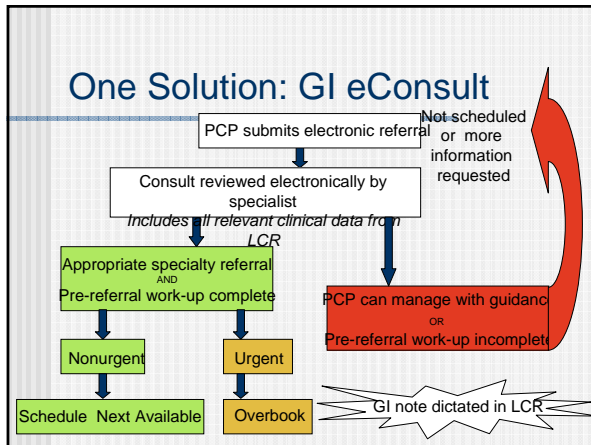
- Use information technology to enhance efficiency and improve communication between specialists and PCPs
- Add clinical intelligence to improve triage of referrals

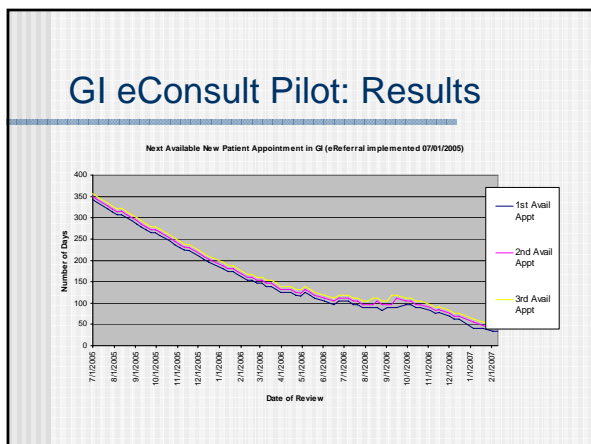
Goals:

- Reduce demand ← **prevent** inappropriate referrals & f/u
- Increase efficiency ← **improve** process and pre-evaluation
- Enhance timely access ← **expedite** urgent referrals
- Improve quality ← **schedule** clear and timely referrals

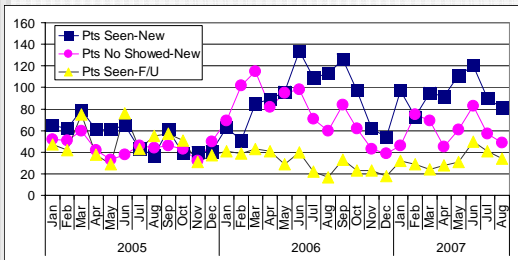
One Solution: GI eConsult

- Initiated by Hal Yee, GI Division Chief
- Program linked to PCP and clinical databases
- Partnered with IT team Bob Brody, Fred Strauss, Kjeld Molvig
- Individual review and response to referrals - *allows for iterative communication*
- HIPAA-compliant web based referral system on DPH secure server
- Extensive outreach to Medical Directors of referring clinics to generate buy-in
- Mandatory electronic submission by PCPs

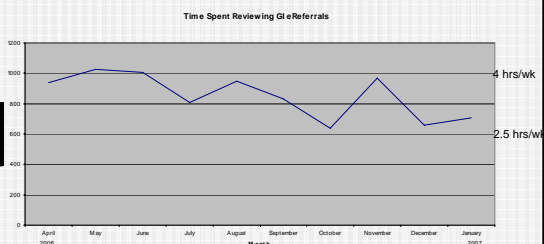




GI eConsult Pilot: Results



GI eConsult Pilot: Co\$



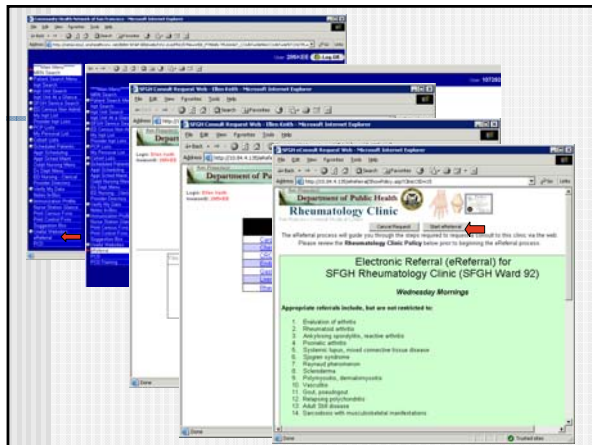
SFGH eReferral Project

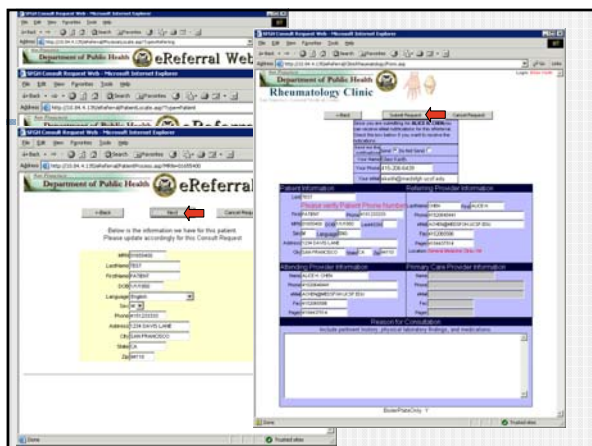
- Funded by San Francisco Health Plan to spread electronic referral system to other medical and surgical clinics, outpatient radiology.
- Goals
 - To decrease wait times.
 - To improve communication between specialists and primary care providers.

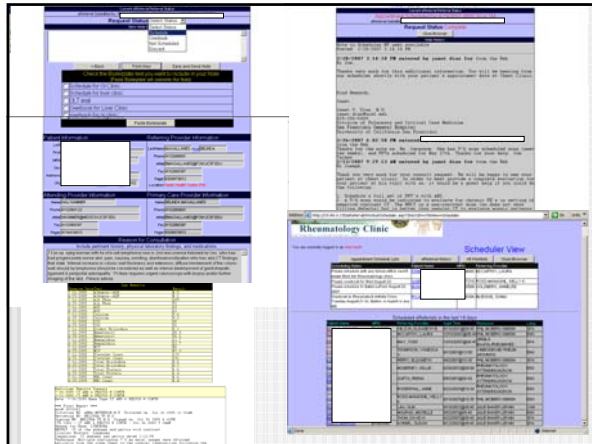


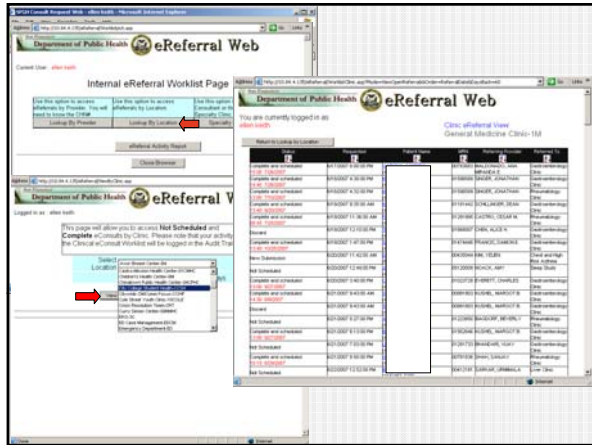
SFGH eReferral Timeline

- Phase I: started January 1, 2007
Cardiology and Pulmonary
- Phase II: started May 14, 2007
Endocrine and Rheumatology
- Phase III: started July 16, 2007
Neurosurgery, Orthopedics, Breast Evaluation
- Coming soon...
6 more surgical clinics, outpatient CT/MRI/US









Evaluation Activities

- Impact of eReferral on wait times, no show rates, payor mix, number of FU visits required.
- Specialist surveys on referral timeliness and appropriateness.
- PCP surveys on access to care, quality of care, communication and education.
- Scheduler and reviewer time.

eReferral January - August

Data for January-August 2007	Jan-Aug	Jan-Aug	Jan-Aug	5/14-Aug	5/14-Aug	7/16-Aug	7/16-Aug
Clinic	GI	Cardiology	Pulmonary	Endo	Rheum	Ortho	NSU
Total eReferrals received (1)	1473	604	295	108	101	323	36
Not initially scheduled (2)	351 (24%)	145 (24%)	70 (24%)	46(43%)	14 (14%)	60 (19%)	14 (39%)
Routinely scheduled	812 (55%)	266 (44%)	142 (48%)	26 (24%)	25 (25%)	207 (64%)	17 (47%)
Overbooked (3)	310 (21%)	193 (32%)	83 (28%)	30 (28%)	62 (61%)	53 (16%)	4 (11%)
Scheduled outside of eReferral	0	-81	-17	-13	-5	unavailable	unavailable

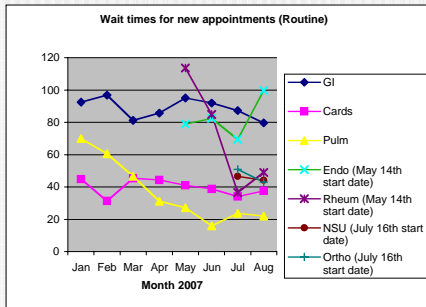
Sources: data query, contact with clinic

(1) Does not include discarded/duplicate eReferrals

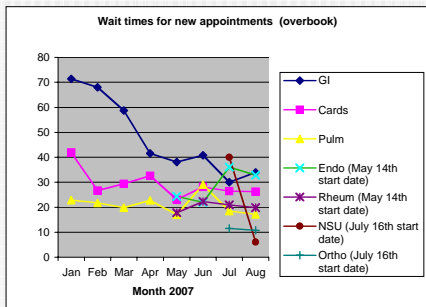
(2) Number/percent of premature or unnecessary appointments that were initially not scheduled

(3) Number/percent of scheduled appointments that were expedited, i.e. clinically triaged

eReferral January - August



eReferral January - August



eReferral Feedback: Schedulers

[eReferral] is time saving. I don't have to screen patients anymore. Now, they are screened by the reviewer. Before, this process was really stressful. Before it was like, really, what if I make a mistake here?

It's difficult to have dealt with providers for years, and now when they call I send them elsewhere. It's changed the dynamics of that relationship.

It's more organized now, requests going through one person vs. many.

It's time consuming to go back and forth from LCR to eConsult to update status and back. It would be nice if this was linked.

Definitely more organized. There is one centralized location for appointment requests instead of looking for references in three or four locations.

eReferral Feedback: PCPs

Overall, I really like eReferral. I think it has expedited and smoothed out a lot of the wrinkles in referring people for appointments. I feel like less patients fall through the cracks, which is wonderful.

Definitely helps with timeliness and ease of tracking follow up on appointments. I find they often write back w/ suggestions for care that are helpful. Everyone should use e-referral!!

eReferral Feedback: Reviewers

The eReferral system has been working smoothly. I think it is a good use of my time. I also think it shows respect for the time of the SFGH patients, medical providers, and administrative staff.

The communication with providers in the community is quite nice. I am able to provide education in a timely fashion, request that patients get important tests before their visits with us, and do so in a cordial, collegial and respectful manner. It feels much more like we are part of a multidisciplinary team taking care of our patients. I believe the time spent to carefully and thoughtfully respond to eReferrals is an important use of my time... makes the visit more effective and efficient.

Success Factors

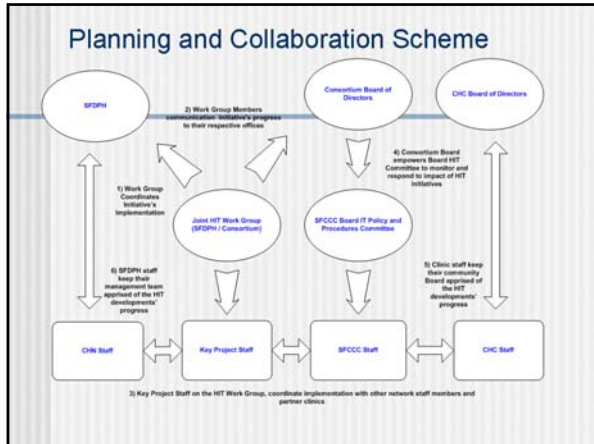
- Successful pilot project
- Financial support for intensive start-up
- **TEAM:** project coordinator, specialty lead, evaluation lead, IT group
- Hospital administration support
- Conceptualized as primary care - specialty partnership with focus on communication

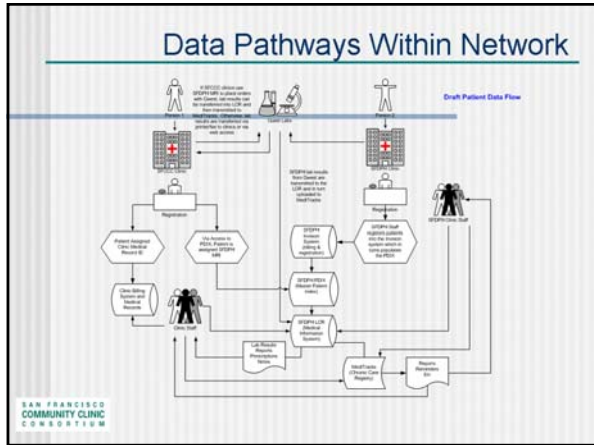
Primary - Specialty Compact

- | | |
|--------------------------------------|--|
| ■ Primary Care | ■ Specialty Care |
| ■ Submit electronically | ■ Spend time reviewing, responding to referrals |
| ■ Need to follow up | ■ Dictations as part of "closing the loop" |
| ■ Referrals never lost | ■ Able to screen out inappropriate and premature referrals |
| ■ Opportunity for equitable triage | ■ Able to expedite urgent referrals |
| ■ Prompt response | ■ Able to pull up all diagnostic testing |
| ■ Opportunity for dialogue/education | |

Issues & Challenges

- Dependence on individual reviewers - availability and ongoing support.
- Has surfaced many operational issues - variability in scheduling templates, lack of timely primary care appointments, erroneous patient contact information, and poor IT linkages for off-campus clinics, particularly Consortium clinics.





Questions?
