Referral Pain: Poor Referral Quality Correlates with Worse Health Outcomes

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Background

- Limited access to specialist care is common in community health centers and is associated with poorer healthcare outcomes and quality
- This may be particularly problematic for underserved patients of urban safety-net clinics
- We used gastroenterology patients as a convenient representative subset of patients
- We focused on internal aspects of the referral process to identify possible causes, given this is a source of common issues where, specifically, incomplete referrals can be a cause of barriers to specialty care.

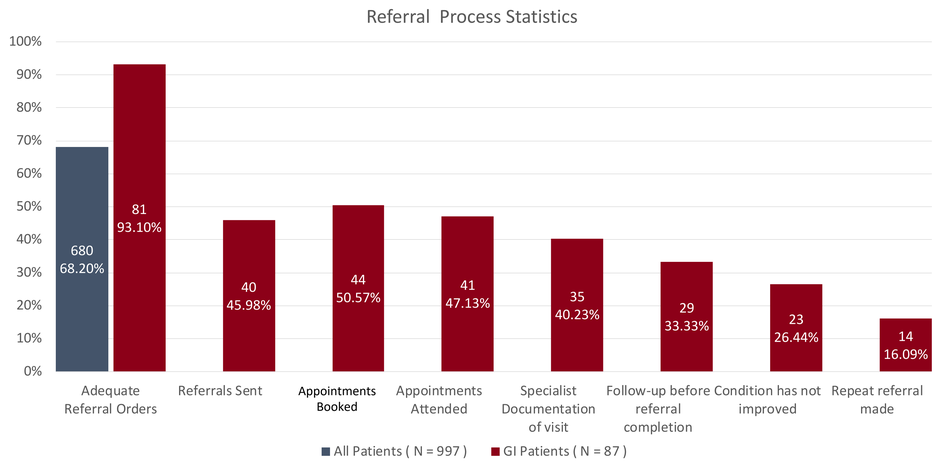
Objective

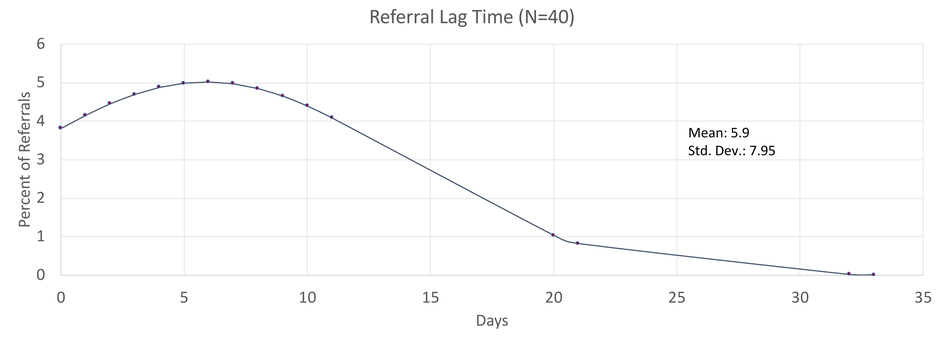
Our aim was to parse the referral process into its individual aspects and collect the pertinent data we would use to inform us in the implementation of future interventions.

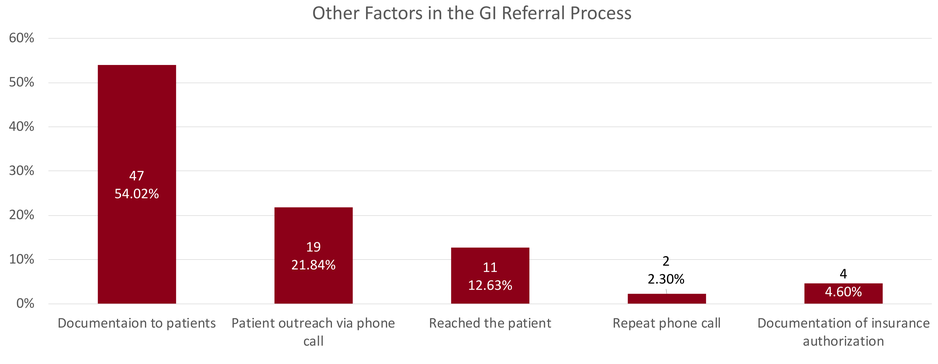
Methods

- We collected data using chart review for three months in 2018 through EPIC for gastroenterology referrals
- Key points of investigation were: completeness of the order, confirmation of receipt by specialist, and whether appointments were booked and attended
- Further review looked at patient instruction and outreach, as well as insurance authorizations
- Data was corroborated by contacting the specialist clinic directly via telephone
- Further chart review revealed health outcomes for these patients

Results







Results, cont.

- Referrals in general for July, August, and November were adequately ordered 68.2% of the time
- Gastroenterology referrals were adequately filled out a significantly larger percent of the time.
- Even when referrals were complete, patients on average had to wait one to two weeks before the referral was sent out.
- Despite this, less that half of patients attended their appointments and one third returned to their primary care physicians before referral completion.
- Most of patients returning before referral completion had reported no improvement in their conditions.
- Patients had adequate information to make appointments on their own just over half the time, with phone outreach just over a fifth of the time.

Conclusions and Next Steps

- At our safety-net clinic, poor referral management, including incomplete orders, and failed referral transmission, correlates with poorer health outcomes and limited access to specialist care.
- Communication is the greatest issue in this entire process and informs our interventions
- Educational Interventions promoting better physician referral documentation and communication throughout the entire care management team have been successfully presented in clinic from 3/25-3/29
- A further presentation to corporate leadership is planned using an expanded data set

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