

# Care Coordination

*“Helping Patients Navigate from  
Physician to Physician”*

**PRISM 10**

**January 21, 2010**

# MMC PHO Care Coordination Team

Jeff Aalberg

A. Jan Berlin

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## **Expert panel**

Brian Jumper

Skip Schirmer

Mark Bouchard

# Today's Agenda

- Introduction and goals of the meeting
- Components of Care Coordination
  - Bob Waterhouse: The Administrative Platform
  - Jan Berlin: The Clinical Components & measures
- Panel Discussion
  - Introductory comments from panelists
  - Q & A
- Wrap up and next steps

# Goals for Today

- Share the work done on the referral process
- Provide a forum for questions and comments
- *Enlist support for the Care Coordination Initiative*

# National Quality Forum

## *Six National Priorities & Goals*

- Engage patients and families in managing their health
- Improve health of the population
- Improve the safety and reliability of America's healthcare system
- ***Ensure patients receive well-coordinated care within and across all healthcare organizations, settings and levels of care***
- Guarantee appropriate and compassionate care for patients with life-limiting illnesses
- Eliminate overuse while ensuring the delivery of appropriate care

*Health care is complex and has many opportunities for success, or risk, in caring for patients*

# Care Coordination

## *National Quality Forum*

### Domains

- Healthcare home
- Proactive plan of care
- Communication
- Information systems
- Transitions, hand-offs

### Principles

- It's for everyone
- Attention: Vulnerable populations
- Data: at all levels
- Patient/family centered
- Safe, effective, efficient, timeliness

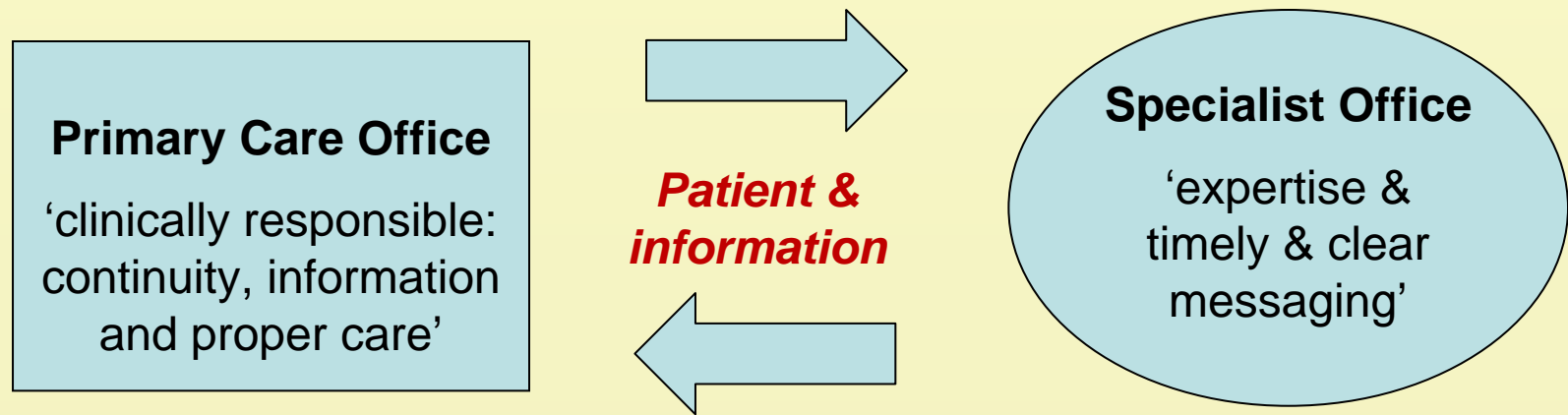
### Patients Must Navigate (a short list):

- Data, information
- Emergency Departments
- Families
- Hospitalists
- Long term care facilities
- **Primary Care Physicians**
- Rehab centers
- **Specialists**

# PHO Care Coordination

Focused on moving the patient and their information from physician to physician

– *It may be group to group, provider to provider, etc*



# PHO Care Coordination

is not...

- **Care Management**

- Assisting patients with clinical issues (usually chronic disease) in person or telephonically

- **Care Transitions**

- This term speaks to patients' movement through any healthcare domain, often in/out of a hospital setting

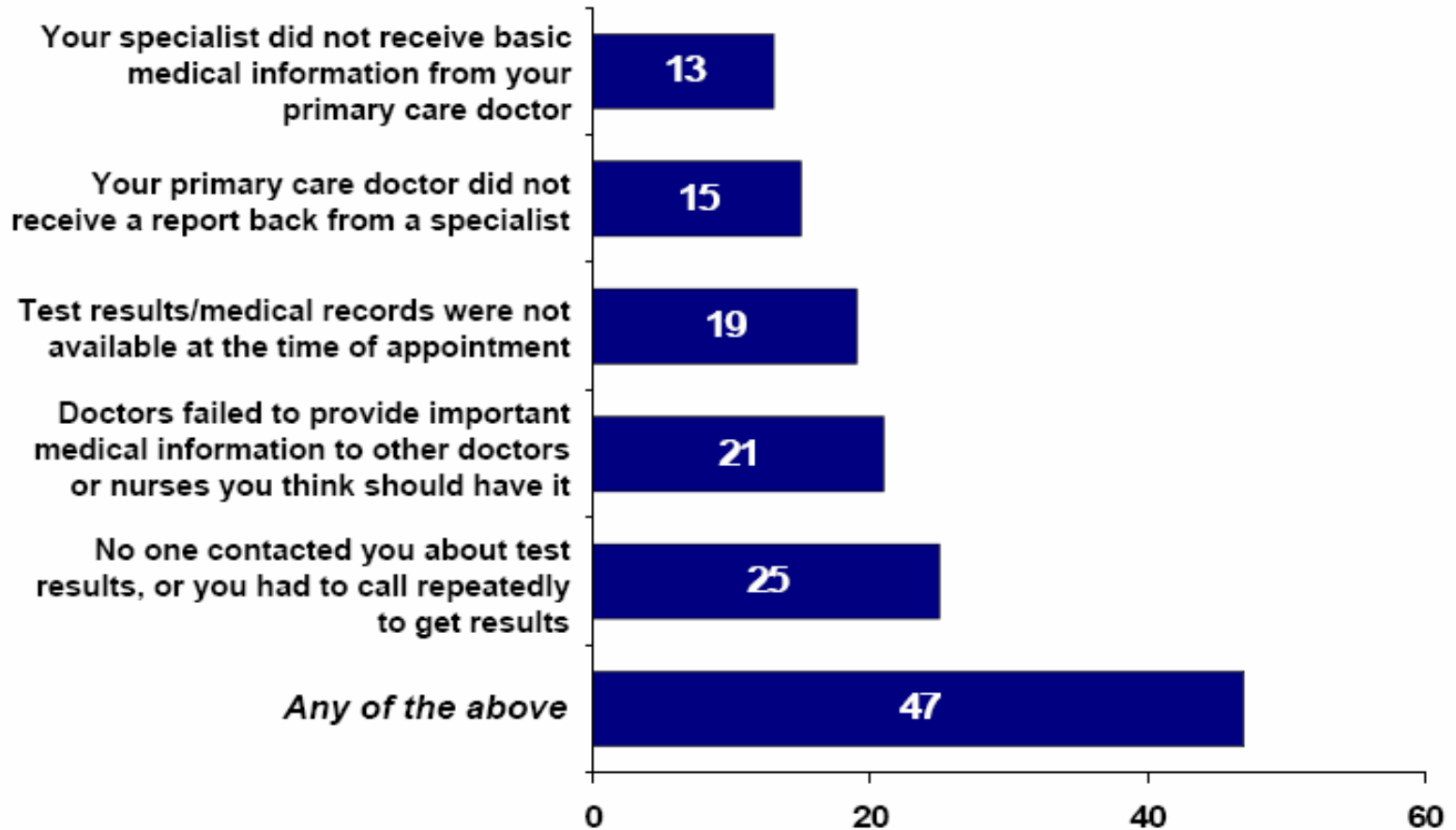
- **Case Management**

- Helping patients with social and/or economic challenges that intersect with their medical issues

# What's the Problem?

# Care Coordination: *From the Patient's Perspective*

Percent U.S. adults reported in past two years:



Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

# Care Coordination:

## *From the Patient's Perspective*

*67% of patients who saw four or more physicians in the last two years experienced one or more of the following:*

- Received conflicting information from the doctors
- Were forced to redo a test/procedure because previous results not available
- Returned for another office visit because medical information was unavailable
- Tried and failed to get two of their physicians to speak to each other

Kaiser Foundation, Harvard Public Health, National Public Radio, 2009

# Care Coordination:

## *Physician Challenges: Complexity*

- The typical primary care doctor has **229 other physicians in 117 practices** with whom care must be coordinated\*
  - Hoangmai,H et al. Ann Intern Med 2009;150:236-242
- The typical patient has **seven doctors**\*
  - Bodenheimer, T., N Engl J Med 2009;358:10

\*Medicare beneficiaries

# Care Coordination:

## *Physician Challenges: Communication*

Brigham and Women's Hospital, Harvard Medical School, adult referrals:

- **68% of referrals** -- specialists reported they had received no information from PCP
- **25% of the time** specialty consultation reports had not reached PCP 4 weeks after specialty visit

Gandhi et al. JGIM 2000;15:626

# Patient Referral Process Initiative 2004

## Survey of 360 Doctors\*

*'We need to improve the referral process...'*

### **PCPs said we need:**

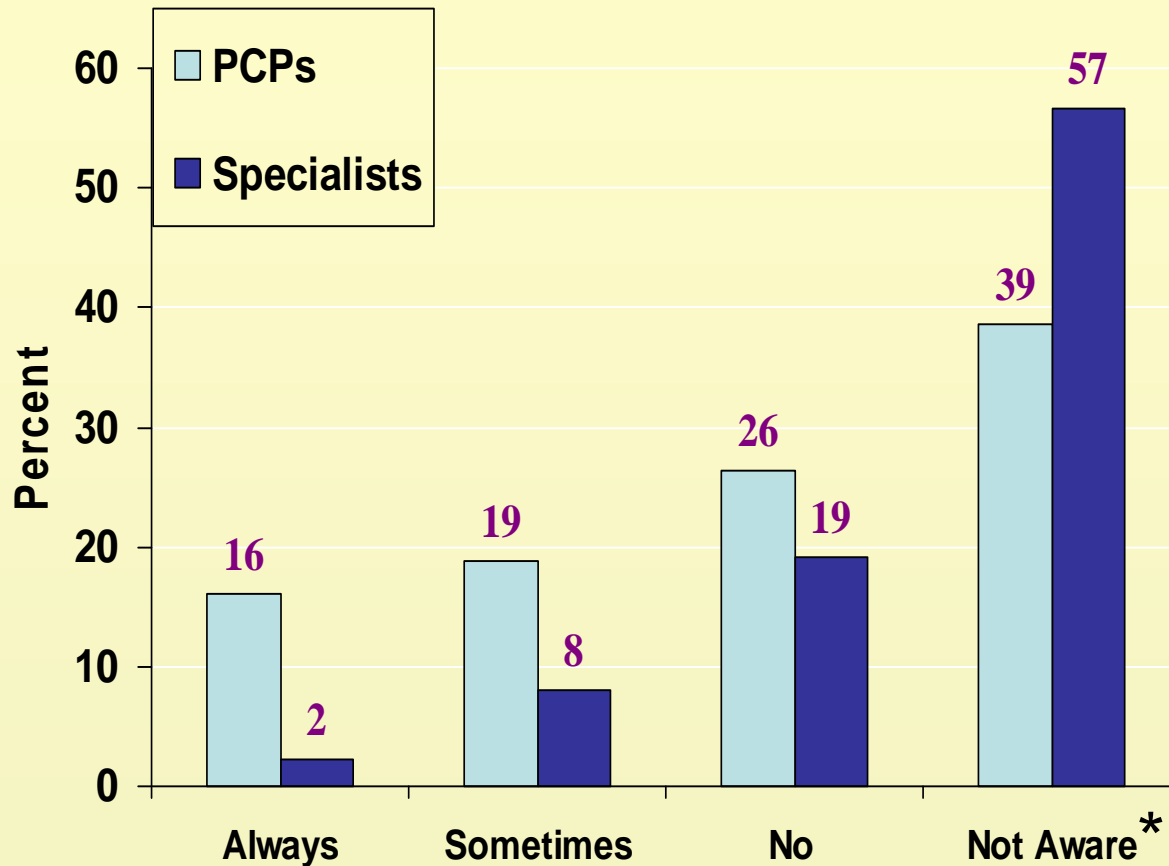
- 71%: standardized form
- 60%: electronic communication

### **Specialists said we need:**

- 50%: standardized form
- 41%: electronic communication

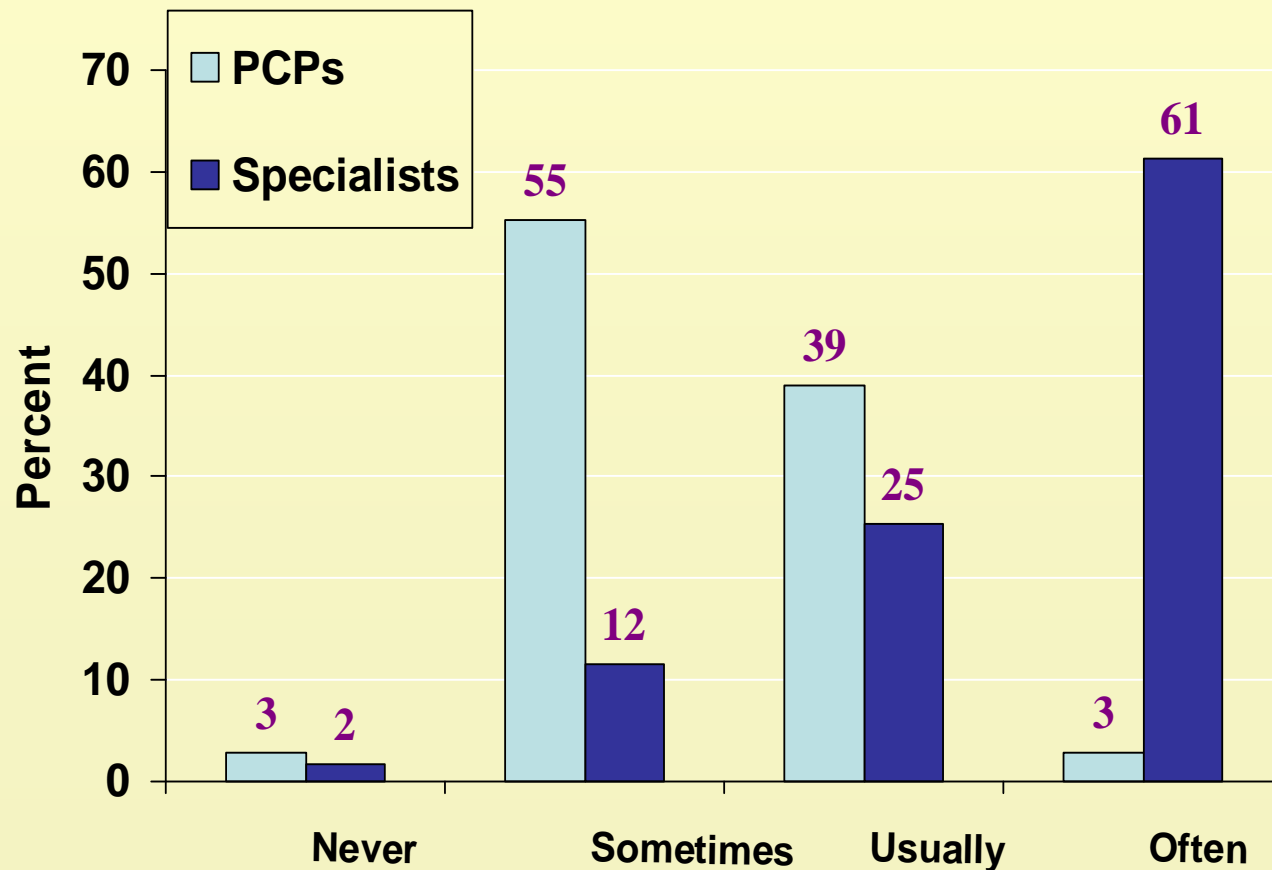
*\*By MMC PHO and MHIC*

# Employ Standard Form



\*PHO, Wellins, Anderson and team early in the 2000s

# Referral Scheduled Within 7-10 Days (Docs impression)



# Care Coordination:

## We Heard From Our Workgroups (2009)...

### From Primary Care

- Timeliness of referral can be an issue
- Messaging back often not clear or timely

### From Specialists

- Frequently have no clinical information from PCP
- Referrals can be either inappropriate in nature or urgency

### From Both

- *We need to improve the referral process*

# How to Achieve Success...

Dr. Berwick (IHI) Describes Four Levels of Health Care:

- A. Patient's experience
- B. Microsystems (small units of care delivery)\*
- C. The functioning of the organizations that house the microsystems\*
- D. Environment of policy, payment and regulation

***\*we can control***

# How to Achieve Success...

## Learn from the past

- The referral form project early in the 2000s met some challenges:
  - Microsystems: Physicians & offices were not ready to let go of individual needs
  - The ‘organization’: did not feel the need

## *In 2010...*

- *Health care improvements are clear (some)*
- *We know we need a team approach; be a champion*
- *Give up a little, gain a lot*

# Key Elements of An Effective Referral Process

- Access
  - Patients seen in medically necessary timeframe
- Collaboration
  - PCP & Specialist partner to insure highest level of care
- Communication
  - Consistent, clear communications between PCP & Specialist
- Coordination
  - PCP & Specialist partner so patient *and* doctors understand who's managing

***Patient Satisfaction***

# Care Coordination

## The Wins

- Doctors talk to each other - always good
- Better information transfer - improved quality
- Decreased tests ordered - costs savings
- More appropriate referrals - specialists can specialize
- More timely referrals - satisfy PCP needs
- Clear expectations - create continuity of care
- Standardization - evidence-based guidelines
- Defined workflows - less work for offices

***Better Care, Better Health, Lower Costs***  
***(Triple Aim)***

# Care Coordination

## Administrative Components

- Master Service Agreement
- Specialty Referral Form
- Referral Protocol
- EHR transition
  - Rebecca Hemphill, MD working with EPIC team on elements
- Consultation Note Format

## PRIMARY CARE / SPECIALTY CARE MASTER SERVICE AGREEMENT

### Principles and Philosophy

#### WE BELIEVE . . .

- We should strive to provide the right care, at the right place, the first time
- The goal of collaboration between specialty care and primary care providers is to provide high quality and efficient patient centered care
- The patient-physician relationship is the primary driver of overall satisfaction
- That physician-to-physician communication improves patient care
- Primary Care Providers need to be supported in working to their full scope of practice
- Specialists serving in a consultant role to the Primary Care Providers should see the patients they are uniquely qualified to diagnose and treat
- To be successful, we must strive to make the collaboration between specialty practices and primary care practices personalized so that patients, clinicians and staff feel that someone "cares about me" and "knows me"
- It will take courage and personal and organizational accountability to achieve these goals in the current market environment

As a member of the Community Physicians of Maine in conjunction with MMC PHO, I commit to take action to realize this vision.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MASTER SERVICE AGREEMENT

PRIMARY CARE	SPECIALTY CARE
<b>Referral Guidelines</b>	
<p>I commit to:</p> <ul style="list-style-type: none"> <li>&gt; Adopting a mutually agreed upon referral form that contains consistent language and formatting</li> <li>&gt; Providing and receiving respectful feedback to/from specialists to promote the objectives of these guidelines</li> </ul>	<p>I commit to:</p> <ul style="list-style-type: none"> <li>&gt; Adopting a mutually agreed upon referral form that contains consistent language and formatting</li> <li>&gt; Contacting all referred patients promptly and redirecting patients, as appropriate</li> <li>&gt; Providing and receiving respectful feedback to/from the referring primary care provider to promote the objectives of these guidelines</li> </ul>
<b>Patient Management</b>	
<p>I commit to:</p> <ul style="list-style-type: none"> <li>&gt; Adopting specific guides to care and referrals as they are developed</li> <li>&gt; Caring for patients with a holistic approach which, when appropriate, might vary from standardized guidelines</li> <li>&gt; Providing timely and appropriate patient information to the specialist</li> <li>&gt; Reading the consultation and follow-up care plans developed by specialist</li> <li>&gt; Resuming care for patients once discharged from the specialist</li> <li>&gt; Contacting the patient, if deemed appropriate, when notified of the patient's failure to keep their initial consultation appointment</li> </ul>	<p>I commit to:</p> <ul style="list-style-type: none"> <li>&gt; Adopting specific guides to care and referrals as they are developed</li> <li>&gt; Caring for patients with a holistic approach which, when appropriate, might vary from standardized guidelines</li> <li>&gt; Developing patient care plans when indicated, with clear instructions for patient follow up</li> <li>&gt; Communicating patient care plans to the referring Primary Care Provider and patient</li> <li>&gt; Providing timely follow up with patients as needed, particularly if a specialty specific medication or test has been ordered</li> <li>&gt; Communicating to the referring Primary Care Provider when patients fail to show for their initial consultation appointment</li> </ul>
<b>Availability</b>	
<p>I commit to:</p> <ul style="list-style-type: none"> <li>&gt; Providing accessible contact via my pager, phone, email or office relay</li> <li>&gt; Arranging for coverage when I am unavailable</li> </ul>	<p>I commit to:</p> <ul style="list-style-type: none"> <li>&gt; Providing accessible contact via my pager, phone, email or office relay</li> <li>&gt; Arranging for coverage when I am unavailable</li> </ul>
<b>Education</b>	
<p>I commit to:</p> <ul style="list-style-type: none"> <li>&gt; Maintaining the skills necessary to meet the mutually agreed upon scope of practice, and participating in available educational opportunities</li> </ul>	<p>I commit to:</p> <ul style="list-style-type: none"> <li>&gt; Adopting or developing updated, specialty pertinent guidelines and protocols that are easy to access and follow, and provide needed educational opportunities</li> </ul>

Initials: \_\_\_\_\_

+GROUP NAME Address - Phone- Fax  
**SPECIALTY REFERRAL FORM**

Date: \_\_\_\_\_

Referral to: \_\_\_\_\_  Or next available physician in this group

Referral Staff Contact Information: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please send a copy (front and back) of the patient's insurance card(s) or insurance information with this form**

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Parent (<18) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Patient Phone (H) \_\_\_\_\_ (W): \_\_\_\_\_ Cell: \_\_\_\_\_  
Special Needs:  Interpreter \_\_\_\_\_  Wheelchair Bound  O2  Other: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Pager # \_\_\_\_\_ NPI # \_\_\_\_\_  
Patient's Primary Provider, if different \_\_\_\_\_ *please send a copy of consult note(s)*

**NEXT SECTION TO BE FILLED IN BY PROVIDER**

**Urgency:**

- Next available appointment  Within 2-4 wks  Within 1 wk  
 Urgent (within 24 - 48 hrs)  Emergency (within 24 hrs) *provider to call specialist for urgent or emergent requests*

**Reason for consultation (primary dx or sx):** \_\_\_\_\_

**Consultation service requested (check all that apply):**

- Single consultation for opinion on diagnosis and/or treatment; *please send patient back to me for follow-up*  
 Consultation and ongoing co-management of patient with Primary Provider  
 Please assume primary responsibility for ongoing care related to "reason for consultation"  
 Procedure: \_\_\_\_\_  Testing: \_\_\_\_\_  
 Diabetes Education - *complete specific form*  Other: \_\_\_\_\_

**Supporting documentation being sent to specialist:**

- Problem list  Medication list  Allergy list  
 Referral letter  Office note(s) \_\_\_\_\_ (dates)  
 Labs \_\_\_\_\_  
 Imaging reports \_\_\_\_\_  
 Pertinent hospital records \_\_\_\_\_  Other: \_\_\_\_\_

**Requests for specialist:**

- Additional providers to receive copy of this consultation: \_\_\_\_\_  
 Other instructions: \_\_\_\_\_

**NEXT SECTION TO BE FILLED IN BY SCHEDULING OFFICE**

If Specialty office makes the appointment: *Complete below and immediately return form to the referring physician*

If Referring office obtains the appointment from the specialist's office: *Complete below before sending to the specialist*

The Patient's appointment was made within the above requested time frame. Yes No (circle)

Please provide a reason if (NO) was circled: \_\_\_\_\_ Staff Initials \_\_\_\_\_

Appt Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Physician: \_\_\_\_\_

Patient notified of appointment: Date \_\_\_\_\_  In person  Mail  Fax  Phone  Voice mail

+*GROUP NAME*Address - Phone- Fax

## SPECIALTY REFERRAL FORM

Date: \_\_\_\_\_

Referral to: \_\_\_\_\_  Or next available physician in this group

Referral Staff Contact Information: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please send a copy (front and back) of the patient's insurance card(s) or insurance information with this form**

Patient Name: \_\_\_\_\_ Parent(if <18yrs) \_\_\_\_\_ D.O.B \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Patient Phone (H) \_\_\_\_\_ (W): \_\_\_\_\_ Cell: \_\_\_\_\_

Special Needs:  Interpreter \_\_\_\_\_  Wheelchair Bound  O2  Other \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Pager # \_\_\_\_\_ NPI # \_\_\_\_\_

Patient's Primary Provider, if different \_\_\_\_\_ *please send a copy of consult note(s)*

***NEXT SECTION TO BE FILLED IN BY PROVIDER***

**Urgency:**

- Next available appointment     Within 2-4 wks     Within 1 wk  
 Urgent (within 24 – 48 hrs)     Emergency (within 24 hrs) *provider to call specialist for urgent or emergent requests*

**Reason for consultation (primary dx or sx):** \_\_\_\_\_

**Consultation service requested (check all that applies):**

- Single consultation for opinion on diagnosis and/or treatment; *please send patient back to me for follow-up*  
 Consultation and ongoing co-management of patient with Primary Provider  
 Please assume primary responsibility for ongoing care related to “reason for consultation”  
 Procedure     Education        *these require completion of a specific specialty addendum sheet*  
 Other: \_\_\_\_\_

**Supporting documentation to be sent to specialist:**

- Problem list     Medication list     Allergy list  
 Referral letter     Office note(s) \_\_\_\_\_ (dates)  
 Labs \_\_\_\_\_  
 Imaging reports \_\_\_\_\_  
 Pertinent hospital records \_\_\_\_\_     Other: \_\_\_\_\_

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Appt Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Physician: \_\_\_\_\_

Patient notified of appointment: Date \_\_\_\_\_  In person  Mail  Fax  Phone  Voice mail

## SPECIALTY REFERRAL FORM PROTOCOL

To the extent this is reasonably possible and appropriate for the situation:

- The Standard Referral Form will be used to refer all patients.
- The referring provider will call the specialist for all Emergent (within 24 hours) or Urgent (within 24 to 48 hours) appointments, in addition to sending the referral form and appropriate documentation.
- For all other referrals please use one of the options below:

### *OPTION 1:*

The Referring provider or office will send the referral form and the appropriate documentation to the specialist's office which then calls the patient to make the appointment:

- The specialist's office receives the completed Standard Referral Form, along with the appropriate patient documents from the referring provider.
- The specialist's office contacts the patient and makes the appointment.
- The specialist's office will complete the appointment portion of the Standard Referral Form at the bottom and will immediately return it to the referring provider.

OR

### *OPTION 2:*

The Referring provider's office calls the specialist's office to obtain the patient's appointment, and then sends the referral form and appropriate information:

- The referring provider's office contacts the specialist to obtain an appointment for the patient, and notifies the patient.
- The referring provider's office will complete the Standard Referral Form, including the appointment portion at the bottom.
- The referring provider's office will immediately send the form, along with the appropriate patient documents to the specialist.

# SPECIALTY REFERRAL FORM PROTOCOL

To the extent this is reasonably possible and appropriate for the situation:

- The Standard Referral Form will be used to refer all patients.
- The referring provider will call the specialist for all Emergent (within 24 hours) or Urgent (within 24 to 48 hours) appointments, in addition to sending the referral form and appropriate documentation.
- For all other referrals please use one of the options below:

# ***OPTION ONE***

**The Referring provider or office will send the referral form and the appropriate documentation to the specialist's office which then calls the patient to make the appointment:**

- The specialist's office receives the completed Standard Referral Form, along with the appropriate patient documents from the referring provider.
- The specialist's office contacts the patient and makes the appointment.
- The specialist's office will complete the appointment portion of the Standard Referral Form at the bottom and will immediately return it to the referring provider.

# ***OPTION TWO***

**The Referring provider's office calls the specialist's office to obtain the patient's appointment, and then sends the referral form and appropriate information:**

- The referring provider's office contacts the specialist to obtain an appointment for the patient, and notifies the patient.
- The referring provider's office will complete the Standard Referral Form, including the appointment portion at the bottom.
- The referring provider's office will immediately send the form, along with the appropriate patient documents to the specialist.

# Transitioning to an EHR

# CONSULTATION NOTE FORMAT

Referring Physician:

Reason for Consultation: (from specialty referral form)

Impression:

Treatment Recommendations:

Specialist's Responsibility:

PCP's Responsibility:

Test Results:

Follow-up:

Specialist's Responsibility:

PCP's Responsibility

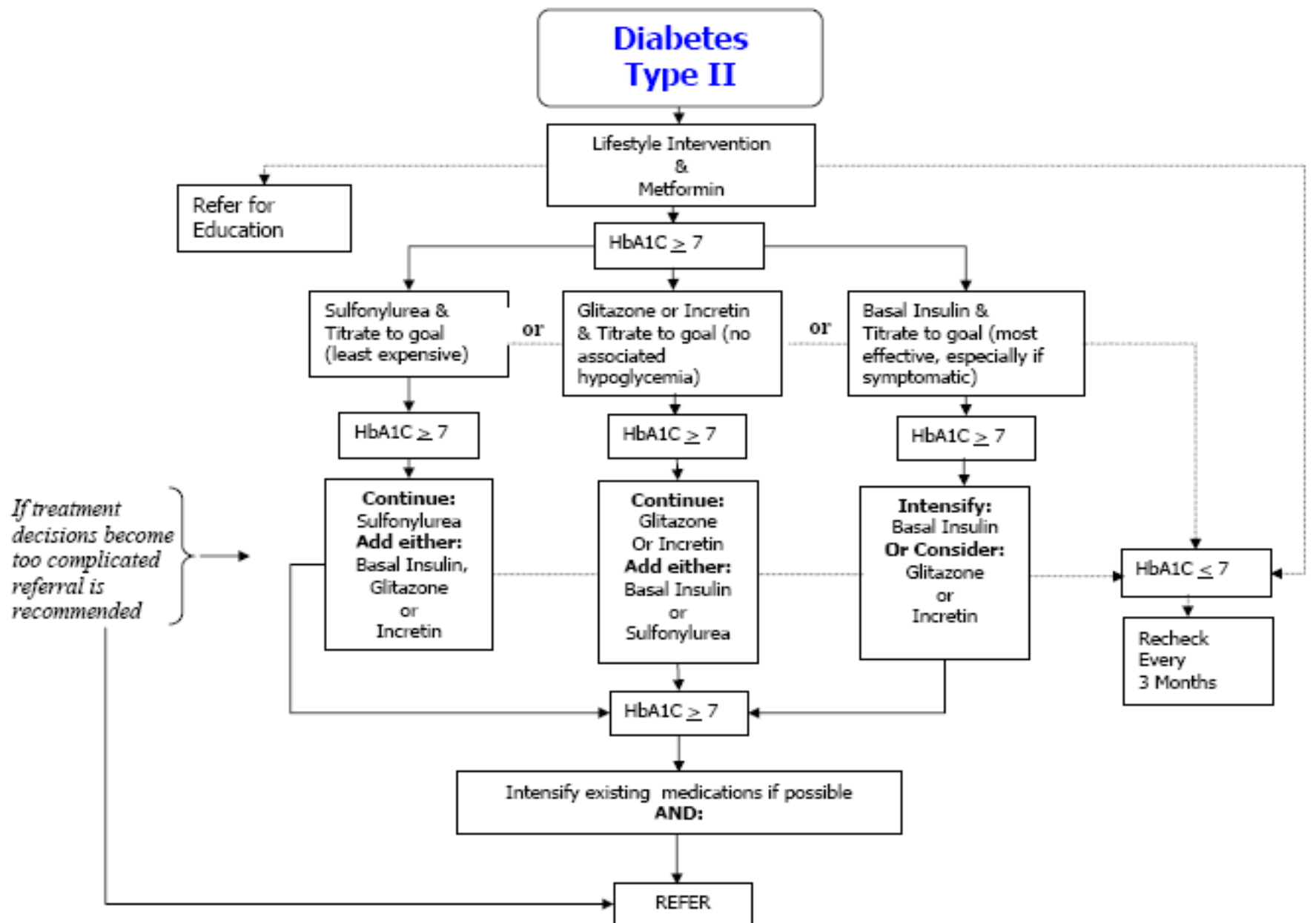
Medication Changes:

Patient Evaluation:

# Care Coordination

Clinical Components

Specific Guides to Care and  
Referral



# Disclaimer

Disclaimer for Guides to Care and Referrals, from legal department MH, to be at the end of each document:

“These guides are internally-generated MMCPHO recommendations for conduct based on input from physicians and do not purport to be standards of care, and should not be regarded as evidence of such standards. In many instances the guides are likely to exceed standards of care.”

# Care Coordination

What we hope to learn from your feedback

## PCP

- Have appointments been made within the appropriate requested timeframe?
- Have specialty practices accepted the Standard Referral Form

## Specialty

- Has the Standard Referral Form been adequately completed?
- Have PCPs sent “Supporting Documentation” (Labs, Problem, Med, allergy Lists, etc) before the appointment date?

## Satisfaction Survey

# Care Coordination Measures:

looking ahead...

- **Adherence to Guides to Care and Referrals**  
*(PCP – Specialist )*
- **Consultation Note Format**  
*(Specialist – PCP)*

# Panel Discussion

- Comments from panelists
  - Brian Jumper
  - Skip Schirmer
  - Mark Bouchard
- Q & A

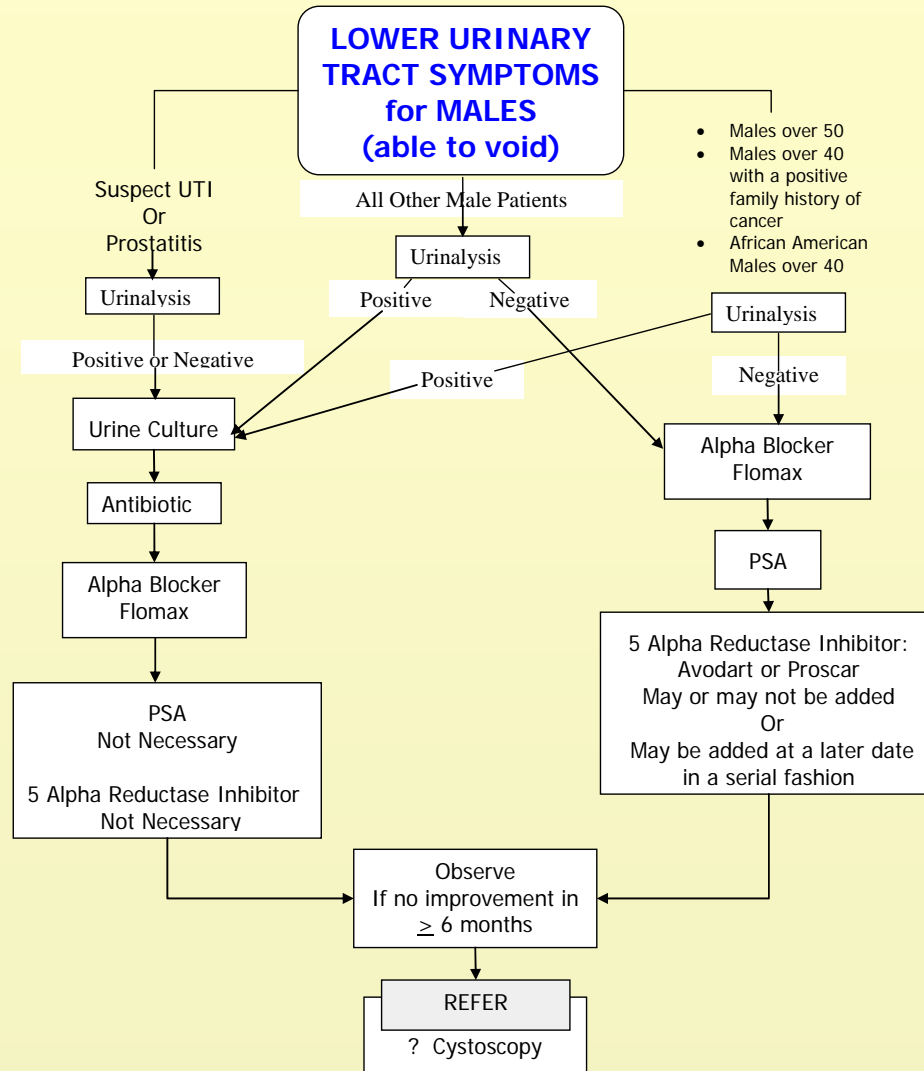
# Evolution of the Guides to Care and Referral

Brian Jumper  
MMP Urology

# Urology Medical Diagnoses

- 2009 PHO with MMP Urology looked at:
  - Lower Urinary Tract Symptoms (LUTS or “BPH”)
  - Urinary Retention
  - Urinary Stones
- These 3 accounted for 30% of Urology Top 10

# LUTS Algorithm



# Conclusions

- Initial goal of diverting patients to PCP allows more time and availability of the Urologists for surgical problems.
- A simple Algorithm can be very complicated to gain acceptance from various providers. Cannot please everyone, so must be a GUIDELINE.
- Future goals will focus on quicker access into our office with expedient diagnoses and treatment.

# Comments from Other Panelists

# Questions

# Next steps

- Share with colleagues
  - Be a champion
  - ***Teamwork is key to success***
- Use the PHO for:
  - Further information and details
  - Practice visits
  - Communication
  - Assistance

# Contact Information

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All materials can be found on the MMCPHO website at  
<http://mmcpHO.org>