



IPRO 340 **Improving Health Care and Information Systems for a Community Health Service Network**



Problem

Access health centers don't always have a doctor of the needed specialty or the equipment for a needed service. This leads to the need to refer some of their patients to other clinics and this is called the "referral process". The first issue the team addressed was "time" or delays in this process. This is a key issue because delays in this process prevent patients, with possibly fatal conditions, from being treated as soon as possible. The second issue we addressed was "cost" since referring to other ACCESS health centers, partners, or non-partnered clinics costs a different amount for ACCESS. The last issue we addressed was "continuum of care". This deals with the need to keep track of patient treatment from their visit to ACCESS through the completion of treatment.

Goal

The goal of IPRO 340 was to identify improvements in the referral process across various ACCESS health centers. Based on our findings, we are recommending improvements to the referral process that will address the issues of time, cost, and continuum of care.



Accomplishment

Our team has completed 10 health center interviews including documentation and flowchart diagrams. In addition, we performed a cross analysis of 5 health centers to compare the similarities and differences in identifying the problems. Once the problems were understood, we created the ideal referral process based on observed best practices and other ideas to address the identified issues.

The Ideal Referral Process

Our team came up with an ideal referral process in chronological step by step documentation and a flowchart diagram illustrating the business flow. It contains information including tracking of the patient's referral information and the staff who are involved in the referral process. The documentation includes steps our team recommends and best practices we would like to adopt.

Team Members

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IPRO 340

Ideal Referral Process

Problems addressed: Time, continuum of care, cost

- 1.) Are referrals approved? T, CC
- 2.) Patient not picking up referral. T, CC
- 3.) Patient not going to appointment. T, CC
- 4.) In network VS out of network referrals. C

Already used = Blue
 Used in some clinics = Green
 New = Red

*unless otherwise indicated all the steps performed are done by the MA, the receptionist, or the referral coordinator.

1. PCP orders patient referral by filling out part of the *standard referral form*.
2. Patient gives availability times for the *referral appointment* and *follow up appointment* (Hawthorne). T, CC
3. Put availability times into *standard referral form*. (Hawthorn) T, CC
4. Make *follow up appointment* with PCP when patient is checking out (La Villita). CC
5. Put *follow up appointment* data into *referral log sheet*. T, CC
6. Fill out *standard referral form* with patient chart.
7. Enter referral information into *referral log sheet*. (La Villita, Cabrini) T
8. Use lists to check if specialty or service is available within ACCESS (go to 10), with one of ACCESS's partners (go to 11), or outside of ACCESS (go to 12). C
9. Schedule *referral appointment* within ACCESS using the *within network list* (La Villita). C
10. Schedule *referral appointment* with one of ACCESS's partners using their *partner list*. C
11. Schedule *referral appointment* outside of ACCESS using their *outside of network list*. C
12. Mark *referral log sheet* to indicate that the *referral appointment* has been scheduled. T, CC
13. Put *standard referral form* into *referral log binder*. T
14. Referral approval needed? If yes, go to step 15. If no, go to step 21.

15. Fax *standard referral form* to ACCESS managed care for approval.
16. File *standard referral form* that is waiting for approval in the *referral log binder*. T
17. Referral approval granted for *referral appointment*.
18. Mark *referral log sheet* to indicate that approval was granted for the *referral appointment*.
19. Fax *standard referral form* to clinic where *referral appointment* will take place (La Villita, Melrose Park). T
20. Stamp *standard referral form* to indicate that fax is complete.

21. Mark *referral log sheet* to indicate that approval is not needed for *referral appointment*. T, CC
22. Fax *standard referral form* to clinic where *referral appointment* will take place (La Villita, Melrose Park). T, CC
23. Stamp *standard referral form* to indicate that fax is complete.

24. Send *referral appointment* information to patient (*standard form of appointment information* as well as a map and directions to the referral clinic). CC
25. Mark *referral log sheet* to indicate that *referral appointment* information has been sent to the patient.
26. Give a reminder call to the patient the 2-5 day before the *referral appointment* with Medvoice. Referral information must be stored in Meditech.
27. Is patient able to go to *referral appointment* without assistance? If no, go to step 28. If yes, go to step 29.
28. Provide a shuttle service to the referral clinic for the patient (IEI, Madison). CC

*Patient either goes or does not go to appointment

29. Has *referral consult* been received in a timely fashion (by mail, fax, or through Meditech) from the referral clinic? If yes, go to step 35. If no, go to step 34.
30. Fax or call referral clinic and ask: did patient go to appointment? If no, re-start referral process at step 1. If yes, ask them to send the consult and go to step 33.
31. Mark in *referral log sheet* to indicate that *referral appointment* was attended and *referral consult* was received.
32. Stamp *referral consult* with post *referral appointment* options (IEI, La Villita, Cabrini, Madison).
33. Put *referral consult* in *pre-reviewed consult bin* for PCP to look over.
34. PCP indicates what post *referral appointment* option to take and gives approval for this action with a signature.
35. PCP puts reviewed *referral consult* in *post-reviewed consult bin* (*okay to file or abnormal consult slots*).
36. Consult abnormal? If yes, go to step 37. If no, go to step 39

37. Reschedule follow-up appointment for a sooner time.
38. Contact the patient using the 3 step standard.
39. File *referral consult* along with *standard referral form* in the patient chart and flag as abnormal → skip to step 41.

40. Keep original follow-up appointment, don't reschedule follow-up appointment.
41. File *referral consult* and *standard referral form* in the patients file.

42. Does patient go on *follow up appointment* with the primary care provider? If yes, go to step 42. If no, go to step 43.

43. Mark in *referral log sheet* that patient went on *follow up appointment* → skip to step 44.

44. Notify patient that they did not go to the *follow up appointment*.
45. Reschedule *follow up appointment*.

46. At the end of every day check the *referral log binder* to make sure that patients went to appointments (referral and follow up), and that *referral consults* were received for the previous two weeks. CC, T

47. If patient did not go to *referral appointment* start at step 8.

