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Poster Presentation

Design, Integration and Implementation of an Internal Referral Process

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Problem Statement: There are high volumes of patients being seen in primary care and many of them require additional specialty services. Due to the abundance of patients seen daily, scheduling and tracking specialty referrals can be challenging. In addition, specialist consults tend to increase the cost of care with more advanced diagnostic tests conducted. To minimize spending there needs to be an efficient and effective way of communication between the primary care provider (PCP) and specialist. **Methods:** A PCP sponsored project was started to improve sending internal referrals. This pilot consisted of four different specialties: Dermatology, Neurology, Gastroenterology, and a RASH clinic. To make this pilot successful, the workflow needed to be seamless. It was critical to integrate the electronic medical record (EMR) with a completely different admission, discharge, and transfer (ADT) scheduling system. New workflows were needed for expedited versus routine referrals along with the appropriate tracking and scheduling status for the PCP. The project team consisted of people from multiple disciplines including an EMR architect, orders specialist, scheduling team, interfaces architect and clinical team. To spread awareness of this new referral process, information was shared at the different pilot department staff meetings. **Procedure:** Primary care providers had their own position when logging into the EMR with the ability to place a referral order to the pilot specialty clinics. The placed order goes to the specialty consult pool for visibility to all specialists. Next, the specialist approved expedited referrals using a well-known existing workflow. After an expedited referral was approved or a routine referral was placed, the order would flow downstream to the ADT system onto the specialty clinic's scheduling queue. Schedulers then scheduled the appointment based on referral type. Once scheduled, these referral orders would fall off the ADT work queues based on order age and appropriate notification to the patient would occur. **Results and Conclusions:** After a successful pilot with four clinics over eight months, three additional clinics were added to use the referral orders. Maintaining provider workflow allowed for an easy transition of care and improved communication between providers.