POLICY & PROCEDURE

Health POINT

TITLE: Referral Policy and Procedure				
Scope/Purpose: To provide specialized services to patients in order to accurately diagnose and for improved patient satisfaction				
Division/Department: All HealthPoint Clinics		**Policy/Procedure #:**		
Original Date: 08.03.09		___New **X**__Replacement for: Referral **06.13.11**		
Date Reviewed:	**Date Revised:**	**Implementation:**	**CPIC Approved:**	**Board Approved:**
Dec 10, 2014	October 2015	October 30, 2015	October 30, 2015	
Responsible Party: Director of Operations; Director of System Development; Chief Medical Director, Director of HealthPoint Initiatives				

DEFINITIONS:

Referral Status

Open:
- The referral has been initiated, but an appointment has not been scheduled.
- The referral appointment has been scheduled, but the patient has not received appointment details yet.

Consult Pending:
- Information was sent to the receiving provider's office, but no appointment confirmation has been noted yet.
- Patient was given information to schedule the appointment, but has not confirmed or provided appointment information to our office yet.
- An appointment has been scheduled, but there is no confirmation that the patient arrived or that correspondence has been received.

Addressed:
- Confirmation was received that patient followed through with appointment (correspondence has been received and is in patient documents).
- Unable to contact patient after 30 days through phone or mail.
- Patient declines referral and notes have been documented
- Patient fails to make appointment within 30 days of referral due to extenuating circumstances such as funds not available

POLICY:

In order to provide specialized services, to accurately diagnose, and to improve patient satisfaction, it is the policy of HealthPoint to provide consultations, referrals, or transfers to other health care providers or settings when deemed medically necessary and/or will be considered at the patient's request. When the center uses external resources to meet the patient's needs, it participates in coordinating the patient's care, treatment, or services.

HealthPoint's referral request form includes the following information in order to provide enhanced quality and coordination of care for every patient:
- Medical summary
- Progress notes, EKGs, labs, growth charts, imaging, patient documents, and specialty forms relevant for the referral
- Reason for referral and diagnosis
- Patient demographic information
    - Date of birth, sex, age, contact information, health insurance

PROCEDURE:

I.   Creating and sending the referral (See *How to do a Referral*)

1.   Provider initiates an outgoing referral to a specialist. The reason for referral and diagnosis are mandatory fields that must be entered before the referral can be sent. All referrals are routed to a designated person automatically (nurse, case manager, etc).
2.   All referrals are marked as routine, urgent or stat.
     a) Routine referrals do not have an immediate urgency, but should be scheduled within 6 months of referral issue date.
     b) Urgent referrals need to have an appointment set within two weeks.
     c) Stat referrals need to be seen immediately or within 48 hours.
         i.   Sound practice by providers would be to briefly explain in the referral why the status is urgent or stat. Urgent and stat referrals will be processed by the provider's clinical staff (nurse, MA, etc) to ensure they are handled immediately. Remaining referrals are routed to the designated person/referral center.
3.   Designee/Referral Center will:
     a) Verify insurance and PCP.
         i.   Check to make sure the patient's insurance has the provider's name not the name of the clinic for the PCP

       ii.   Check with insurance to make sure patient can go to the selected provider. Obtain authorization if necessary and fax necessary information to receiving provider's office.

               1) Faxed information should include completed progress notes, EKGs, labs, growth charts, imaging, etc., including anything relevant for the referral.

b) Schedule appointment

       i.   Call receiving provider's office to schedule appointment for the patient. Notify patient of necessary information and appointment date and time.

               1) Make three phone call attempts on different days to reach the patient, documenting each in the notes section of the referral.

                       1a) If the patient cannot be reached, mail a letter to the patient and document that a letter was mailed in the notes section of the referral.

                            a. If the patient still fails to contact staff regarding the appointment after 30 days, mark the referral as addressed, and notify the initiating providing through a telephone encounter. Call the receiving provider's office to cancel the appointment.

c) Document all actions in the notes section of the referral.

d) Mark the referral as "Consult Pending".

       i.   Once an appointment date has been set and patient is made aware of appointment date and time, mark the referral as "Consult Pending", and document the appointment date in the appropriate box on the referral.

It is highly recommended staff make the appointment for the patient. However, due to differing circumstances, staff may not be able to follow through with scheduling the appointment. In that case, items *ii* or *iii* below will need to be followed.

       ii.   Receiving Provider Makes Appointment

               1) Once PCP and insurance has been verified and all information has been faxed to the receiving provider's office, change the referral to "Consult Pending".

      iii.   Patient Makes Appointment

               1) Once PCP and insurance has been verified and all information has been faxed to the receiving provider's office, provide patient with necessary information so they can call and schedule their appointment, and change the referral to "Consult Pending".

II. Designated person (nurse, case manager, etc) will follow-up on pending referrals

1. Confirm the appointment is scheduled
   a) If the receiving provider's office or the patient needs to make the appointment, follow-up with them until the appointment date is set, and document the appointment date in the appropriate box on the referral.

2. Consult Notes
   a) All consult or specialist notes are expected to be received within 4 weeks after the appointment date. In order to ensure the consult notes have been received and the patient went to their appointment, designated staff (nurse, case manager, etc) will need to monitor pending referrals on a regular basis.
      i. Regularly check to see if the consult notes are in the system – go to the patient's documents under "Referral Notes".
         1) If the notes are NOT in the system, the designee will attempt to contact the specialist to obtain the notes. All communication regarding the notes should be documented in the notes section of the referral..
         2) If the notes have been received, update the referral with the received date, attach the consult note to the referral (See *How to Attach Consults Notes to Referral*) and the referral will be automatically addressed and closed.
         3) Send consult note to provider's "D" jellybean with note in the *Description* window
         4) If the designee finds any other relevant information (e.g. pt. missed appt.) while following up on the referral, document the information in the notes section of the referral, and follow the steps outlined in item *IV, Additional Situations*, below.

III. Addressing or closing out the referral

1. Designated person (nurse, case manager, etc) will address and close out referrals.
   a) Check the Referral Notes section of Patient documents for consult notes received
   b) Check the documents in referral notes against the patient's referrals.
   c) If the patient has any pending referrals corresponding to the notes received, attach the consult note to the referral
   d) On the main part of the referral, click the check box indicating the notes were received and enter the date. The referral will then automatically be marked as addressed.
   e) Place all corresponding notes into the "Referral Notes" section of the patient's chart in Patient Documents. These will be automatically attached to the referral.

     f) Assign all referral notes to the initiating provider for review and make a note that the corresponding referral has been addressed.

IV.   Additional Situations

    1. Appointment with specialist was not kept
       a) If the patient was unable to keep the appointment due to extenuating circumstances such as funds not available for the appointment or the patient declines the referral, document all information in the referral notes and mark the referral as addressed.
       b) If the patient missed the appointment for other reasons and would like to make a new appointment, document all actions in the referral notes and keep the referral open until the appointment is scheduled. Follow steps *I-III* above. In some cases, a new referral may need to be generated.
    2. Specialist does not accept patient's insurance
       a) Consult with the provider for guidance
       b) Notify patient to contact their insurance to find a covered provider
       c) Once a covered specialist is found, update the referral with the new provider and follow steps *I-III* above.

V.   Expectations of primary care provider and specialist

    1. HealthPoint's shall establish agreements with Specialists regarding the guidelines for coordination of care between the primary care provider and specialist. Specialists will be informed about HealthPoint's role as a medical home and will be in agreement with the guidelines and responsibilities. The signed agreement will be kept on file. The responsibilities of the primary care provider and specialist can be found in the attached *Primary Care – Specialist Agreement.*

RELATED POLICY:

REFERENCES:

REQUIRED BY:

      2014 PCMH   Standard 5: Care Coordination and Care Transitions
                      Element B: Referral Tracking and Follow-Up
                      Factors: 5, 6, 8

ATTACHMENTS/ENCLOSURES:

      Referral Flow
      How to Create a Referral in eCW
      Referral Status Summary

POLICY/PROCEDURE TRACKING FORM

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Original Date: 08.03.09		**_ _New _X_Replacement for: Referral 06.03.11**		
Date Reviewed:	**Date Revised:**	**Implementation:**	**CPIC Approved:**	**Board Approved:**
	October 2015	October 30, 2015	October 30, 2015	
Date of Revision	**Description of Changes**			
October 2015	Expansion of referral tracking process			