



HOW AUTOMATION CAN FIX YOUR

# Care Coordination Workflow

# THE Introduction

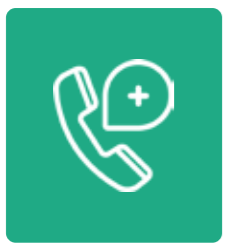
Historically, primary care providers and specialty physicians have provided patient care in siloed environments. This environment often led to **clinical inefficiencies, poor care coordination, duplication of services, and broken referral loops**. Ultimately, the patients who found themselves in the gap between the two silos found it difficult to navigate the healthcare system and to ensure their doctors “were talking to each other.” As healthcare costs have continued to increase year after year, value-based care has emerged as the predominant way to improve the patient experience while keeping cost-effective measures at the forefront of medical practices’ business operations.

As healthcare rapidly shifts away from fee-based models and begins to focus on patient-centric processes, **the relationships between primary and specialty care providers must also evolve—and improve**. Value-based care is rooted in shared accountability and coordination between these two patient touch points. However, despite the many advances medical technologies have given the healthcare industry in recent decades, organizations have been slow to adopt technologies that can improve communication and enhance care coordination workflow. That loop must close.

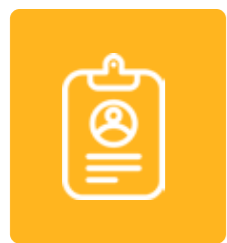
# WHAT'S WRONG WITH Modern Care Coordination?

Modern care coordination is inundated with inefficiencies and problematic bottlenecks, which are often the cause of increased costs and reduced revenues. At the same time, patients are being put at risk for potentially life-threatening complications, simply because of deficient care coordination processes.

A significant communication gap exists when care coordination workflow is composed of improper recording methods and physical paper trails. Inadequate processes harm patient care by leaving out important clinical information that would otherwise change patients' diagnoses and treatments.



**Poor patient handoffs** from primary care providers to specialists pose a major threat to patients' well-being and physicians' operations. According to StatNews.com's summary of a 2015 CRICO Strategies study, "Communication failures [were] linked to **1,744 deaths in five years.**" The article states, "**Hospitals and doctors' offices nationwide might have avoided nearly 2,000 patient deaths - and \$1.7 billion in malpractice costs - if medical staff and patients communicated better.**"



**Gathering important information is incredibly inefficient** and often causes much time to be wasted on behalf of multiple parties. For example, specialists' offices waste time on the phone chasing down patients' records before specialists can see patients. Alternatively, primary care providers' front office staff wastes time on the phone as they track down specialists' consultation reports..



**Long lead times** cause patients to cancel appointments or forego scheduling an appointment in the first place. Frustration on the front end of the experience can easily turn patients away from seeking the treatments that are necessary for their well-being..



**Tracking the patient journey once the referral is made is manual and cumbersome.** Primary care providers often have a tough time confirming simple information, such as whether the patient actually made an appointment with the specialist. Without transparency or tracking, follow-up is difficult and often foregone..

# Common care coordination mistakes

## MADE BY MEDICAL PRACTICES

Across the healthcare industry, several common themes occur where care coordination missteps are made. Unfortunately, some of the most common care coordination mistakes are also major culprits for death and exacerbated patient health problems.

A white quotation mark icon inside an orange circle.

**“Medical errors are [the] third leading cause of death in the U.S. 10% of U.S. deaths are due to preventable medical mistakes.”**

**- U.S. NEWS & WORLD REPORT**

# Common care coordination mistakes

## MADE BY MEDICAL PRACTICES.



### DOCUMENTATION

Patient records commonly have missing or incomplete documentation when a transition of care (TOC) and consult report is not exchanged throughout the referral process. **Vital symptoms and findings from initial tests are often omitted from patients' charts, leading to health complications that could have otherwise been avoided.**



### LEADERSHIP DISCONNECTS

If leadership doesn't know which doctors are referring patients to specialists, then they cannot have educational conversations with doctors regarding overutilization, referrals to high cost specialists, or the **importance of sending transition of care documentation with every referral.**



### LACK OF COORDINATION AMONG CAREGIVERS

In [khn.org's article "Healthcare's 'Dirty Little Secret': No One May Be Coordinating Care,"](#) author Roni Caryn Rabin emphasizes the communication crisis. **"Advocates for hospital patients and their families say confusion about who is managing a patient's care — and lack of coordination among those caregivers — are endemic, contributing to the estimated 44,000 to 98,000 deaths from medical errors each year."**



### FOLLOW-THROUGH

For many primary care practices, there is no follow-through after they've referred a patient to a specialist. They count on the patient to take responsibility for scheduling a visit with the specialist for the care they need. According to the Archives of Internal Medicine, this process does not happen in 50-60% of referrals that are made, putting patients at risk.



### DELAYS

Extended delays between the time at which patients receive referrals and the actual appointments are common. As mentioned previously, delays and frustrations with the scheduling process can cause patients to avoid making an appointment, or they may ultimately cancel an existing appointment if the wait is too long.



### HIGH-COST REFERRALS

Primary care practices that refer patients to high-cost providers are doing a disservice to their own practice and their patients. Exorbitant price tags harm reimbursement for PCPs and may scare patients away from the idea of seeing a specialist, despite their health needs.

# HOW TO CREATE A BETTER Referral Workflow.

As value-based care takes the main stage in the healthcare industry, primary care providers and specialists must find ways to eliminate communication deficiencies and create a bridge for communication to ensure a more well-rounded and positive patient experience. Strong quality scores, efficient operations, and credible customer service are no longer just admirable traits of a positive medical environment; they're quickly becoming characteristics attributable to primary cares' bottom-line success or failure.

**Accountable referral networks allow providers to effectively close care gaps**, giving primary care providers easy access to their patients' journeys beyond their initial visits. With a proper system in place, physicians will know if their patients received treatment. If so, they will be able to determine where, when, and how the treatment was administered.

Technology must be utilized to its fullest to promote better healthcare. Manual practices are subject to human error and often require countless hours on the phone to chase down information, which would otherwise take seconds to obtain if the processes were automated. According to an MGMA report, medical receptionists can waste up to 30 minutes on the phone **when a patient's information is not close at hand**. Currently, primary care practices are carrying higher-than-necessary payroll costs as they continually add full-time clinical and administrative professionals in an effort to maintain quality and compliance standards. This is not sustainable.

Conversely, **technology offers a sustainable path forward – with automation, primary care practices are eliminating 70% of their previous manual processes**. Automation can also open up team members' schedules and **allow operations to focus on revenue-generating activities**. With care coordination technology in place, practices are looking toward features such as wellness initiatives and chronic care management to enhance their medical service offerings.

Naturally, EHRs were an important part of the technological evolution in the healthcare industry; however, **EHRs are not magic pills, and they will not fix care coordination**. EHRs are often characterized by incomplete data flow from PCPs to specialists that doesn't fully close the loop of patients' journeys. Instead, **providers need an electronic referral network to achieve optimally coordinated care and close the loop on a high percentage of referrals**.



# How an effective electronic referral network

## IMPROVES CARE COORDINATION WORKFLOWS

An electronic referral management platform improves care coordination workflows by introducing a collaborative design that connects primary care providers with specialists on a single, uniform network. Electronically-connected specialists foster an accountable network of true care collaboration, where both parties are responsible for the timely care of their mutual patients.

Referral management technology allows primary care providers to ensure quality and optimize their practices' reimbursements by staying apprised of patients' entire experiences. Secure electronic notifications provide quick and reliable information between PCP and specialist. Tracking capabilities allow providers to oversee the entire journey of their patient, beginning as soon as a referral is ordered. According to a 2015 article in the journal *Healthcare*, "PCPs appreciate an enhanced ability to **track referrals**, decreased wait times for face-to-face specialty clinic visits, and electronic referral programs' ability to improve patient access to specialty expertise." With care coordination technology, each step in the workflow prompts easy follow-ups and automatically closes the loop on all referrals that receive a consult report after the referred appointment is completed.

Among the most important improvements, effective referral management applications allow physicians to identify gaps in care. The **implementation of automation reduces the time to treatment, eliminating long lead times between appointments.** Reporting and analytics features provide additional insight, thereby shedding light on further opportunities to collaborate with specialty care partners, enhance the patient experience, and maintain stellar patient adherence.



## BEST PRACTICES FOR

# Electronic Referral Management

Once care coordination workflow is facilitated by a referral management technology, primary and specialty care should adhere to a series of best practices to prevent erroneous missteps and backslides. Clear processes allow physicians to focus on patient care as a top priority.



### **PATIENTS WIN WHEN PRIMARY CARE TAKES THE LEAD**

In referral networks where PCPs are at the center of care, optics and accountability create improved performance on key service metrics.



### **HIGH-PERFORMING SPECIALISTS SHOULD STAND OUT**

It is up to the primary care facility to clearly establish guidelines that define what it means to be a preferred specialist provider. Considerations should include consult report compliance, lead time between appointments, cost, reputation, and other elements to be determined by leadership.



### **ACCOUNTABILITY NEEDS TO BE MUTUAL**

Both PCPs and specialists need to be accountable for ensuring that patients get the care they need. If agreed upon, a specialists' front office should be responsible to get a patient scheduled for their referred appointment and primary care to determine if a patient received treatment from the referred specialist—and to follow up if necessary.



### **AUTOMATE CLOSING THE REFERRAL LOOP**

Specialists should have procedures in place to ensure that they report back to the primary care doctor within the appropriate times. Primary care physicians need to know when calls were made to the patient, when the appointment was scheduled, and any questions that need to be answered before their appointment. Additionally, final consultation reporting back to the PCP closes



### **UTILIZE INSIGHTS TO DETERMINE OPPORTUNITIES FOR IMPROVEMENT**

Performance analytics provide actionable information pertaining to the duration of the patient's journey, referral volume by provider and specialty, time to treatment, and several other vital characteristics. Each report should be carefully examined and reviewed regularly to identify trends, deficiencies, and bottlenecks that could impede patient health.



# WHY AUTOMATED WORKFLOWS Increase Patient Satisfaction

In this patient-centric healthcare environment, patient satisfaction is a major concern of many practices. Automated workflows provide a way for physicians to ensure that patients are getting the care they need, when they need it.

**Well-informed doctors deliver better care.** Armed with clinical documents from the referring provider, doctors are empowered to treat patients more effectively. A statistic cited in a 2011 research article called “**Dropping the Baton: Specialty Referrals in the United States**” says that 70 percent of specialists rate the information they receive from primary care providers as fair or poor. As a demonstration of this point, the article referenced therein by The Milbank Quarterly explains, “Twenty percent of malpractice claims for missed or delayed diagnoses involved communication deficits in handoffs; 17 percent involved the failure to establish clear lines of responsibility; and 5 percent involved the failure of a requested referral to be made (Gandhi et al. 2006).

Ultimately, information liquidity and transparency is the golden ticket. Also, **automating tedious workflow increases patient satisfaction because everyone has a vested interest in the process, and the channels of communication provide a fluid exchange of information.**

# OVERVIEW & Summary

Technology has made amazing strides in the healthcare industry. From treatments to artificial organs, recent changes in innovations have performed incredible feats. **Care coordination, however, has only just now arrived at its technological infancy.**

Soon, primary care providers and specialists across multiple practices within a region will be integrated under one care coordination system that will seamlessly connect providers, enhance the patient experience by closing communication gaps, and fill in the entire picture of a patient's journey across the continuum of care. Value-based care is a driving force that is knocking down silos and bridging processes from PCPs to specialist physicians.

Interested in learning more about how automated care coordination work-flows can **improve referral management?**



We'd love to  
speak with you

GET STARTED