

Epic USERGROUP

Using Epic to Close the Loop with Patient Referrals

Monday, July 29, 2019
12:00 to 1pm

[Recording link](#)

Agenda

Time	Topic	Lead(s)
5 min	Welcome, Logistics & Introductions	Kristina Mody
25 min	System Perspectives <ul style="list-style-type: none">• Contra Costa Health Services	Troy Kaji, MD
	<ul style="list-style-type: none">• Riverside University Health System	Vikram Kumar, MD
20 min	Peer Discussion	All
5 min	Wrap-up & Announcements <ul style="list-style-type: none">• Upcoming SNI events• Post Event Survey	Kristina



Logistics



Please mute yourself! (We'll have to mute lines if there is background noise)



Please feel free to chime in for questions, and especially for the discussion



At any time, feel free to chat your question & we will read out



Webinar will be recorded and saved on [SNI Link/Data](#)

Intros



Troy Kaji, MD
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Vikram Kumar, MD
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Kristina Mody
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EHRs at CAPH Systems



Contra Costa
Riverside
Santa Clara
UC Davis
UC Irvine
UC Los Angeles
UC San Diego
UC San Francisco

2019: Alameda
2019: San Francisco



Los Angeles
San Joaquin
Ventura

2019: Kern



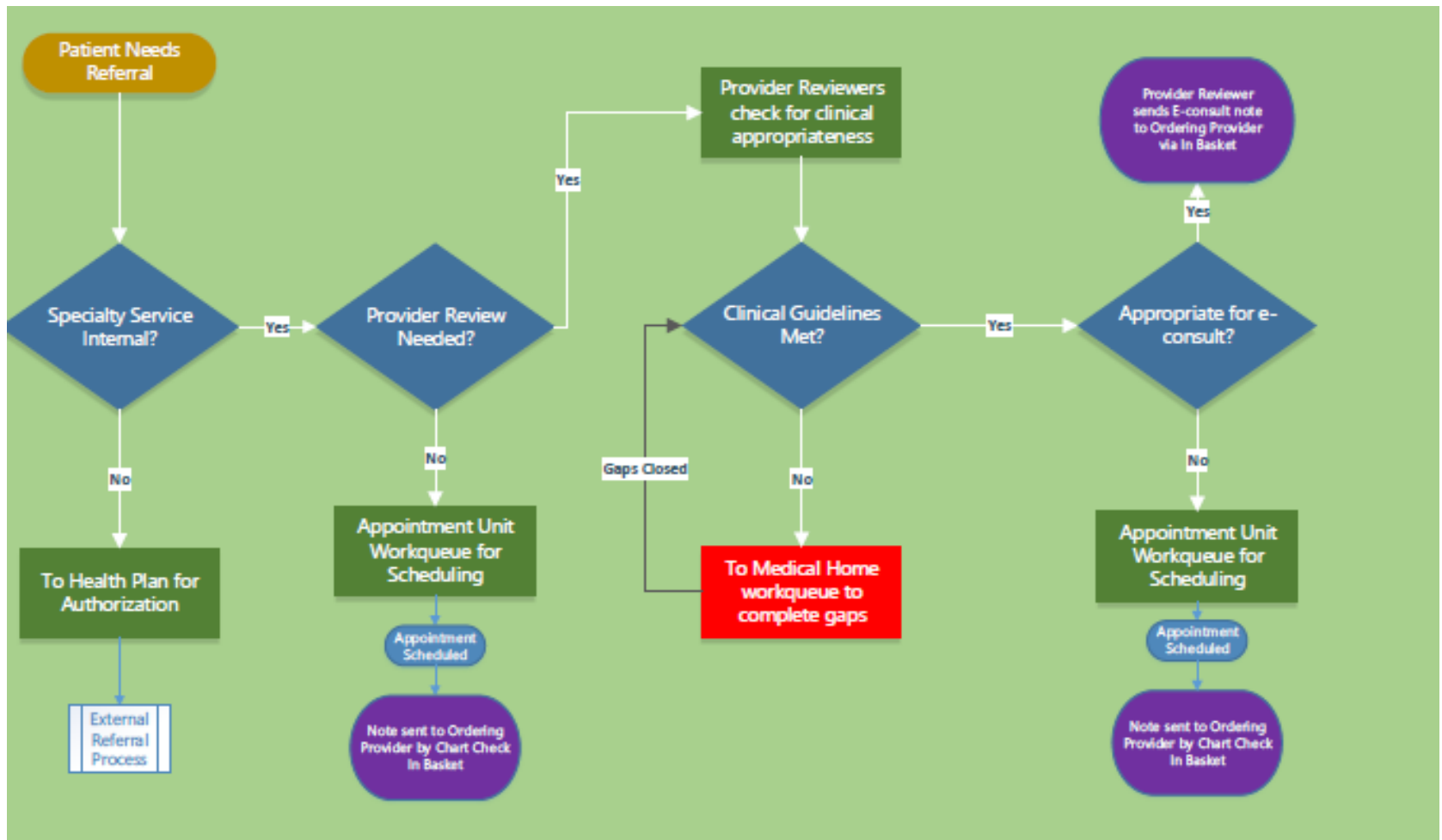
Natividad: Meditech (inpt) & EPIC
OCHIN (outpt)

2019-2020: TBD
Arrowhead
San Mateo

System Perspectives

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Internal Referral Process





Referral Resume of Failures #1-3

1. **Complacency:** we installed Cadence 10 years before launching Epic Enterprise. Since it was working as a standalone system, we did not analyze and redesign the system for enterprise.
2. **Lost referrals:** Illusion that ordering a referral in Epic would route correctly.
Need to test every referral
 - a. referrals linked to referral workqueues that no one managed.
 - b. Referrals on workqueue NOT linked to appointments, so referrals stayed on workqueue even though patient now had appointment
3. **Stopgap solutions made problem worse:**
 - a) when referral workqueues didn't work, we gave all nurses ability to schedule into all specialty slots.
 1. Resulted in patients "Jumping the line", getting appointed before anyone else awaiting on the workqueue.
 - b) When referral workqueues didn't work, staff moved urgency upward by placing another referral order with higher priority

Referral Resume of Failures #4-6

4. **No name convention for referrals** created confusion.
 - a) Created duplicates with similar names
5. **Crosses Epic applications and crosses operational silos** = strong need to align
 - a) Health Plan needs to approve all EXT REF, yet may change / redirect the specialty group they are contracted with to another
 - b) Ambulatory team builds most referral orders, Cadence team links orders to the Referral workqueues, Appointment unit links the referral from the workqueue to an appointment slot on schedule, Tapestry team tracks referrals for authorization of visits and collection of claims
6. **Diagnoses associated with the referral order** pulled forward into the Linked encounter

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Countermeasures #1-2

1. Complacency replaced by **aggressive mapping of workflows**, building reports to manage, finally see the real turn around time with each touch point in process
 - See example reports

2. **Lost Referrals found by improved reports**, decreasing duplicate referral orders, clarifying who has task to manage each referral
 - AMB 3814 hotspots bottlenecks, throughput. Incoming referrals are “Adds”, scheduled are “Drops”

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Countermeasures – #2 Ex. Report



Referral Workqueue Volume (AMB3814)

Workqueue Activity: from 04/14/2019 to 07/06/2019

Referral ID: *ALL

Referrals are included if they were on workqueue at ANY point during the date period.

Each referral is only counted ONCE per date period even if it was added and removed multiple times

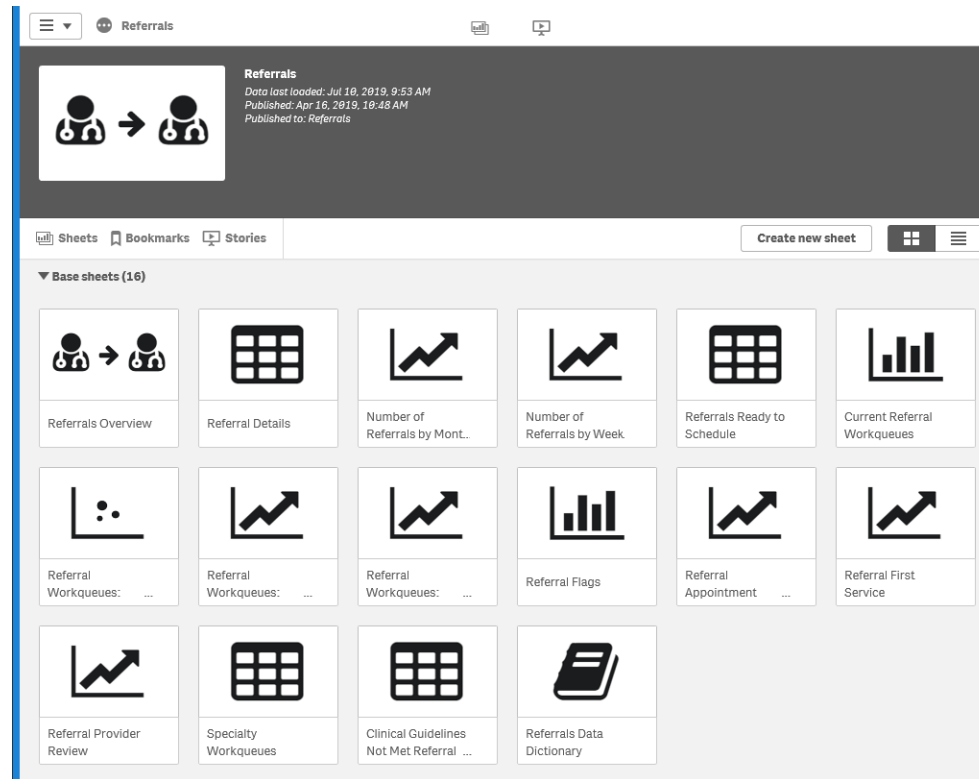
Totals include both the ACTIVE and DEFERRED tab counts together

Workqueue ID	Workqueue Name	04/14/19 - 04/20/19	04/21/19 - 04/27/19	04/28/19 - 05/04/19	05/05/19 - 05/11/19
1070	Chest APT	2	0	2	2
	Chest APT Adds	2	0	2	1
	Chest APT Adds - Central	1	0	2	1
	Chest APT Adds - East	0	0	0	0
	Chest APT Adds - West	1	0	0	0
	Chest APT Drops	2	0	1	1
1813	Dentistry APT	970	996	1,048	1,072
	Dentistry APT Adds	70	64	85	70
	Dentistry APT Adds - Central	26	20	30	24
	Dentistry APT Adds - East	19	23	26	25
	Dentistry APT Adds - West	25	21	29	21
	Dentistry APT Drops	38	33	46	50
1074	Dermatology APT	337	315	413	396
	Dermatology APT Adds	92	1	145	30
	Dermatology APT Adds - Central	36	1	50	7
	Dermatology APT Adds - East	35	0	61	16
	Dermatology APT Adds - West	21	0	34	7
	Dermatology APT Drops	23	47	47	21
996	Dermatology PR	94	85	167	86
	Dermatology PR Adds	93	84	84	83
	Dermatology PR Adds - Central	37	28	31	24
	Dermatology PR Adds - East	34	34	34	35
	Dermatology PR Adds - West	22	22	19	24
	Dermatology PR Drops	93	2	164	37

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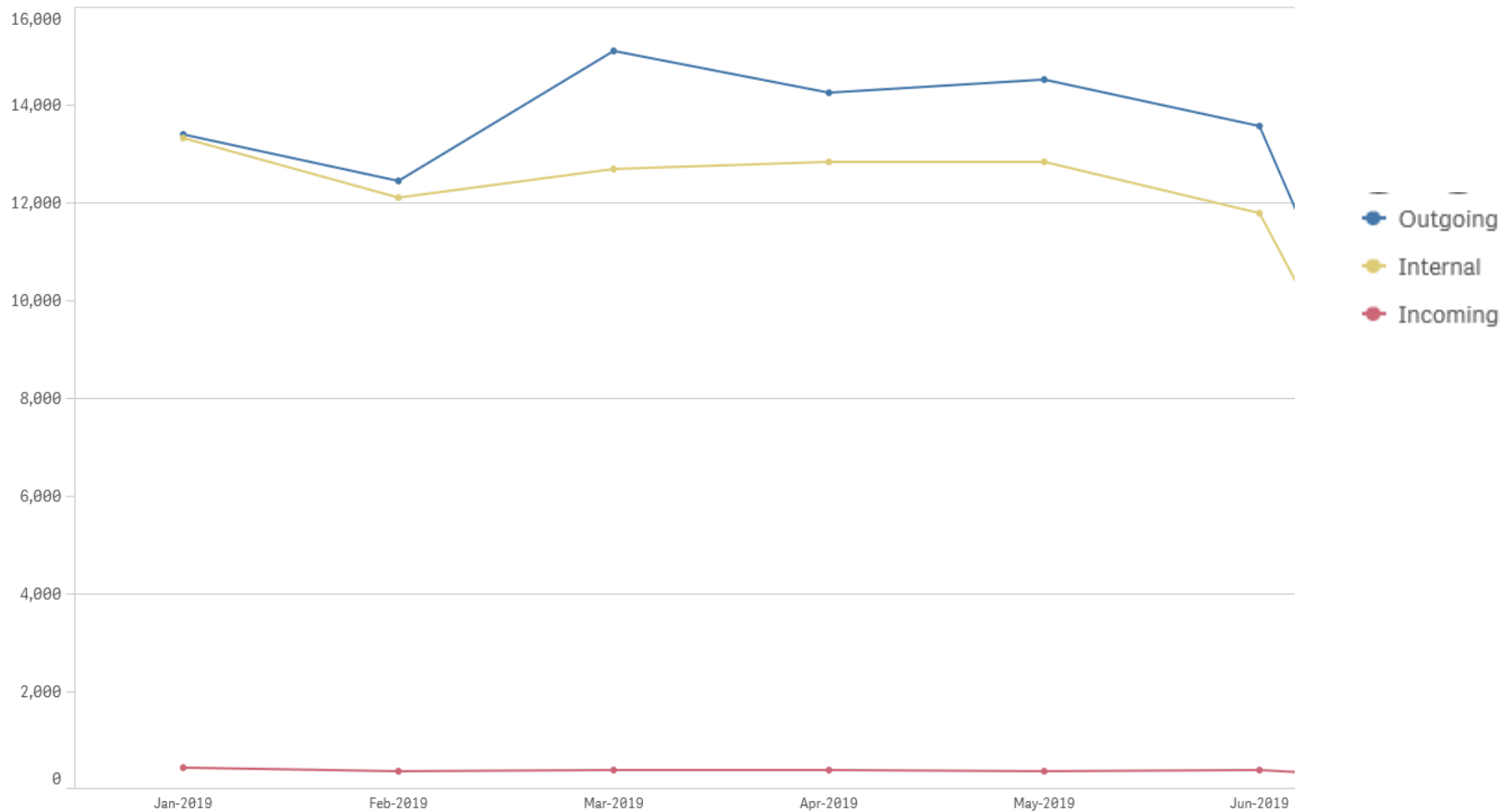
Countermeasures – #2 Ex. Report

- Qlik dashboard gives broad overview of referrals as runcharts



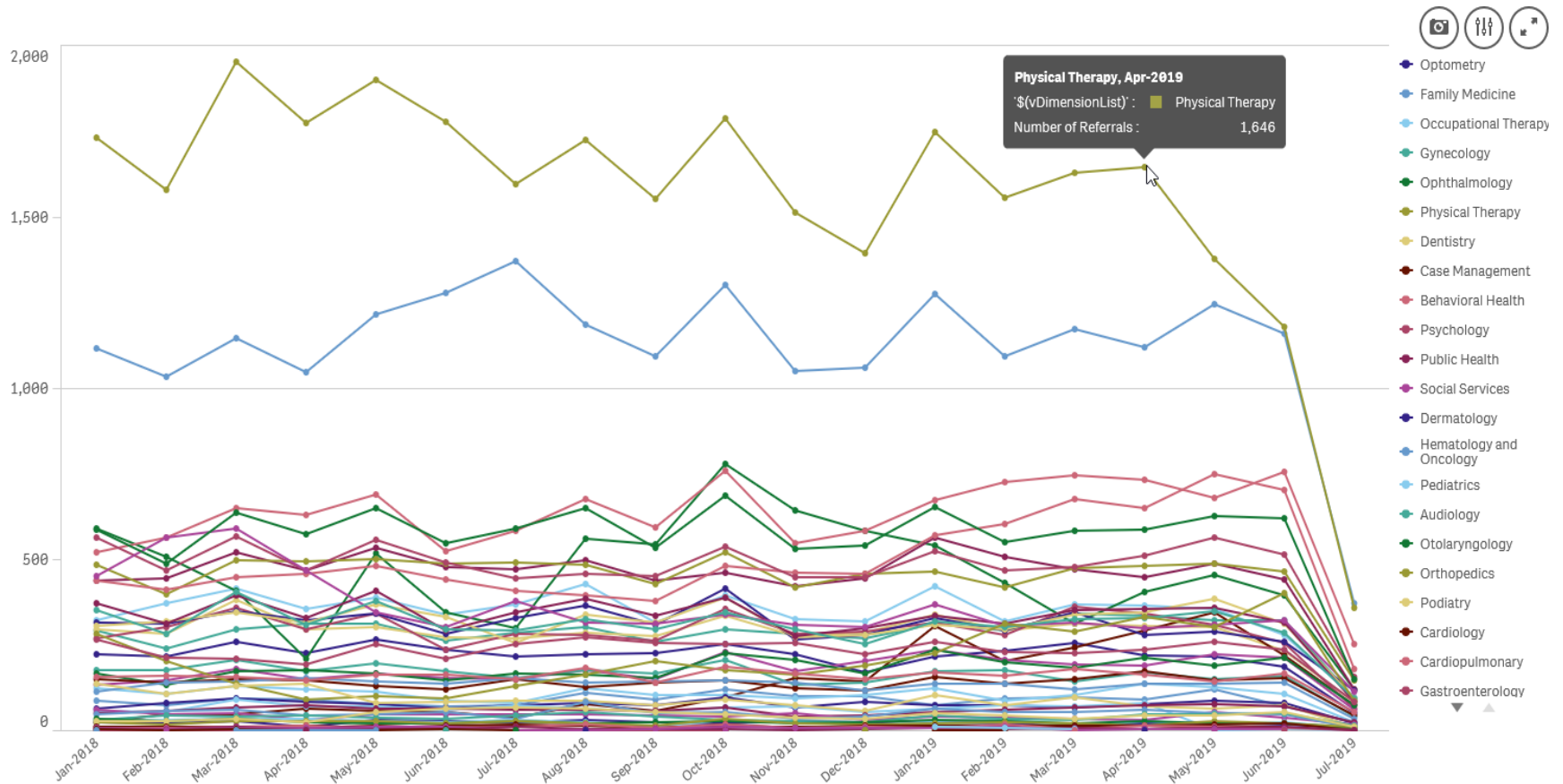
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Countermeasures – #2 Ex. Report



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Countermeasures – #2 Ex. Report



Countermeasures – #2 Ex. Report

Referral Specialty	Provider Review Workqueue Owner	Avg Days to Provider Review	Median Days to Provider Review	% Provider Review within 4 Days	Avg Days from Provider Review to Appt Scheduled
Overall		4.7	2.0	78.8%	10.6
Cardiology	Denis Mahar, Bryan Ristow, and Stephen Arnold	3.5	2.0	74.2%	7.5
Dentistry	Pamela Peacock	4.0	1.0	76.0%	25.9
Dermatology	Christina Berger	3.9	3.0	72.9%	18.3
Dysplasia	Judy Bliss	-	-	-	-
Endocrinology	Oliver Graham and Vijay Bhandari	3.6	2.0	73.3%	4.9
Gastroenterology	Dan Lee	2.0	1.0	95.7%	8.8
Gastroenterology Procedures	Dana Slauson	2.5	1.0	93.3%	10.7
General Surgery	Courtney Beach	3.6	2.0	88.3%	2.5
Gynecology	Sandra Murguia and Analisa Lowen	2.9	2.0	87.8%	3.2
Hematology and Oncology	Jane McCormick and Lili Wang	3.4	2.0	82.0%	1.6
Hepatology	Miguel Ayala	4.2	3.0	66.9%	7.1
Nephrology	Leena Ray and Kerry Rogers	7.4	3.0	61.2%	105.8
Neurology	Veda Bhatt and Mark Van Handel	13.9	4.0	53.4%	8.1
Orthopedics	David McDonald and Bob Buckley	4.0	2.0	88.1%	4.1
Otolaryngology	Siri Cheng	8.3	5.0	49.0%	12.0
Palliative Care	Julie Freedman and Cyndi Hellman-Wylie	1.7	1.0	90.2%	1.4
Plastic Surgery	Sandy Dosanjh	4.3	1.0	82.6%	3.0
Podiatry	Teresa Kalikole	14.8	5.0	47.1%	6.1
Pulmonology	Nicole Hickey	3.2	1.0	80.5%	47.6
Rheumatology	Urmila Bajpai-Pillai	4.6	4.0	63.6%	5.1
Spine	Bob Buckley	8.5	1.0	81.8%	15.2
Urogynecology	Lisa Keller	9.3	6.0	34.0%	18.1
Urology	Craig DeSoer	3.0	1.0	92.8%	9.8
Wound Care	Remington Chua and Lara Wright	2.5	2.0	87.3%	2.6

Countermeasures #3

3. **Stopgap solutions** removed

- Removed access of nurses to schedule into specialty clinics
- Duplicate order alerts, duplicate flagging in referral workqueues
- Created “Provider Reviewers” for most impacted services. They decide whether
 - Clinical guidelines met. If has gaps, sends back to Medical Home care coordinator until PCP addresses gaps. Once gaps met, Care Coordinator sends back to Provider Reviewer
 - E-Consult able to address. If yes, sends e-consult
 - If needs appointment, forwards to scheduling unit
- Created Care Coordinators in Medical Home, assigned to PCP teams. They assist PCP’s to address any gaps in clinical guidelines.

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Countermeasures #4-6

4. **Naming Convention** established
 - Suggest classes: Internal, Outgoing/External,
 - Nephrology INT REF
 - Nephrology EXT REF
 - We will need to create class for Incoming Care Everywhere Referrals
5. **Multidisciplinary team meeting** since go-live.
Ambulatory, Tapestry, Cadence, Care Everywhere, Clinical Informatics, operational leadership
6. **Epic development resolved**

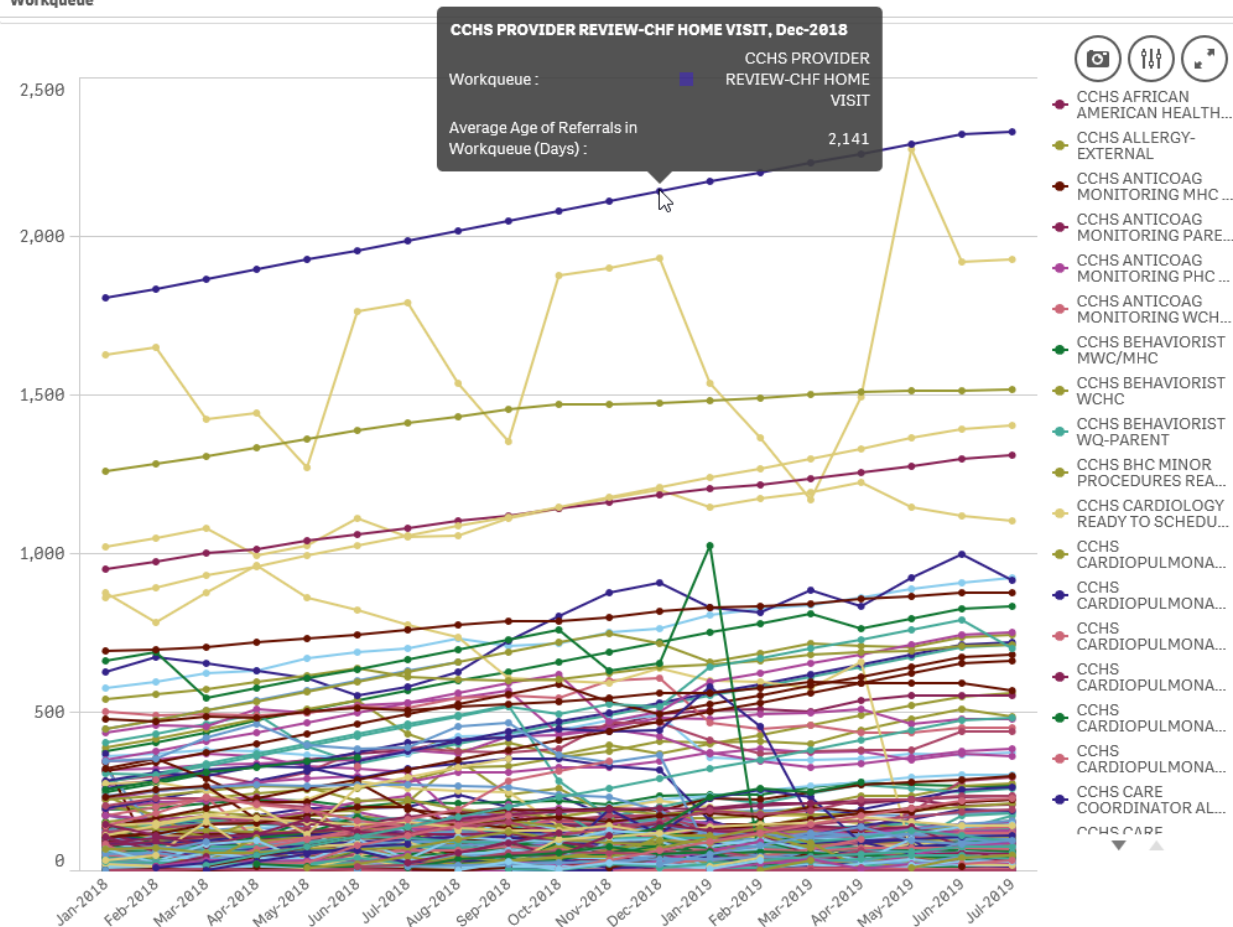
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Continuing Challenges

Referral Workqueues: Average Age of Referrals by Month

Date Range: 1/1/2018 - 7/9/2019

Workqueue

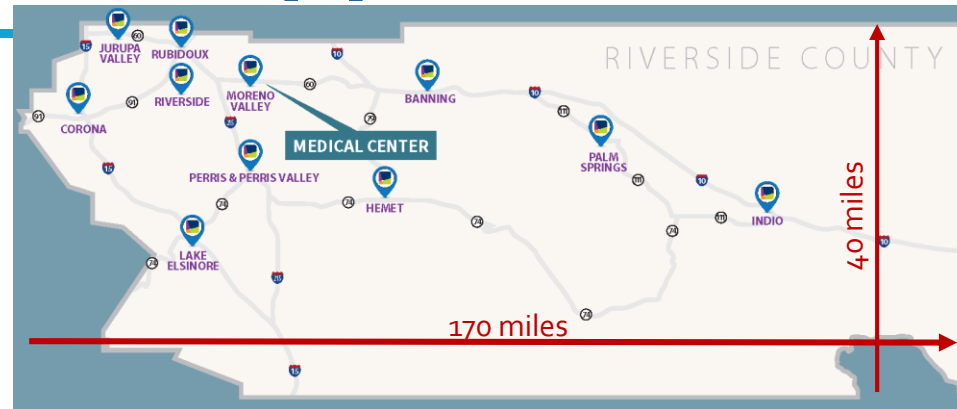


Failures of linking referral to appointment.

Then referral persists (in Chart Review, workqueue, etc).

Age of referrals keeps climbing

RUHS CTL* Opportunities



- Riverside is a large County.
- Patients that see offsite RUHS PCPs get referred to local non RUHS specialists.
- Patients from community PCPs all over the County get referred to Medical Center PCPs.
- Ensuring referrals get scheduled to external specialists is a challenge.
- Getting specialists report from-to external providers is a challenge.
- Incentive Programs' impact: PRIME, UDS, PCMH

PRIME

- Closing the referral loop: receipt of specialist report
- Sending of Report
- Solutions
 - Referral Queue Management
 - External PCPs
 - Unable to verify fax #s
 - Barriers with clinics needing to consistently verify
 - Validation with both provider office & 2 patient identifiers
 - Internal PCPs
 - Inbasket Referral message/Results
 - eConsults

UDS

- Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred
- Receipt of Report
- Challenges
 - Specialist may not send report
 - Report sent to wrong destination
 - Report doesn't close the loop with initial encounter/order
- Solutions
 - Referrals workqueue
 - Scanning to order
 - Local Scanning vs. HIM
 - 2 pilots: clinic staff scanning vs. tagging reports for Medical Records
 - Pre-scrubbing/huddle at follow-up PCP appointments

eConsults

- Pilot rolled out in Q2 2018
- PDSA 2018 -> 2019
 - Epic centered workflow for PCPs
- All FM/IM PCPs Q2 2019
- 14 adult specialties Live
 - eConsults made required Q3 2019
- Data from 3rd party platform & Epic on eConsults placed, Y/N to Face-Face

24

CTL – Loop not closed

Referral for

Edit

Print on Accept

Referral Cgnts

Adj Trace

View History

Chart

In Basket Msg

Appt Desk

View Notes

WQ Summary

Summaries

Referral #

Status

Close reason

TAR MEDI-CAL/MEDI-...

Referral Details

General

Dx/Px

Notes

Tax ID Info

Authorization

Service Level Auths

Bed Days

Flags

Linked Records

Criteria Review

Scheduling

Notifications

Scans

General

PCP

Service area

Priority

Class

Sensitivity

Status date

Type

Reasons

Referred by

Location/POS

Department

Referred to

Vendor

Department

Department specialty

Provider/PO

Location

Provider

Provider specialty

Visits

Requested

Auto-calculated auths

Authorized override

Per period

Periods

Total

0 of 1 Visit counts remaining

0 Scheduled

1 Completed

Referral Sidebar

Referral Sidebar Report

Coverage Information

E-MEDI-CAL/MEDI-CAL / EDS (Elapsed)

Response History

Effective:

Subscriber name:

Member ID:

Benefits Inquiry

E-INLAND EMPIRE HLTH PLAN/IEHP MCAL / INLAND FACULTY MED GRP (Elapsed)

Response History

Effective:

Subscriber name:

Member ID:

Benefits Inquiry

E-INLAND EMPIRE HLTH PLAN/IEHP MCAL / INLAND FACULTY MED GRP (Plan Mismatch)

Response History

Effective:

Subscriber name:

Member ID:

Benefits Inquiry

Notes

Expand All

Collapse All

General

Linked Future Encounters

No linked encounters found.

Hospital Account

Status:

Billed

Currently on Workqueues

None

Referral Information

Demographics

Referral Loop Status - Open

Cancel

Back

Next

Accept

CTL - Closed

Chart Review

Encounters Labs Micro Pathology Imaging Procedures Cardiology Other Orders Meds Episodes **Letters** Notes Referrals Media Misc Reports Surgeries LDAs Consents

☒ Preview ☒ Refresh (9:31 AM) ☒ Review Selected ☒ Route ☒ Load Remaining ☒ Add to Bookmarks

☒ Filters ☒ Default filter

are Everywhere information from other organizations	Creation Date	Letter from	Author Specialty	Reason	Comments	Status	Enc Dat
Recent							
	06/03/2019					Sent	06/03/2019
	05/14/2019					Sent	05/14/2019
	05/14/2019					Sent	05/14/2019
	04/22/2019					Sent	04/22/2019
	04/09/2019					Sent	04/09/2019
6 Months Ago							
	12/10/2018					Sent	11/07/2018
1 Year Ago							
	07/06/2018					Sent	07/06/2018
	07/02/2018					Sent	07/02/2018

Letter by

Riverside University HEALTH SYSTEM

RUH IM NEPHRO RENAL CLINIC
26520 Cactus Ave
Moreno Valley CA 92555
Phone: 951-486-4000
Fax: 951-486-5869

April 11, 2019

Patient:
MR Number:
Date of Birth:
Date of Visit:

Dear

Thank you for referring to be evaluated at the Neurosurgery clinic. Below is a copy of the clinic visit note including my assessment and plan of care at the end.

If you have any questions, please do not hesitate to call me.

Sincerely,

Clinic Note:
Riverside University Health System: Nephrology Clinic

Questions?

Troy Kaji, MD

Associate CMIO

Contra Costa Health Services

Troy.Kaji@cchealth.org

Vikram Kumar, MD

Chief Health Informatics Officer,

Riverside University Health System

v.kumar@ruhealth.org

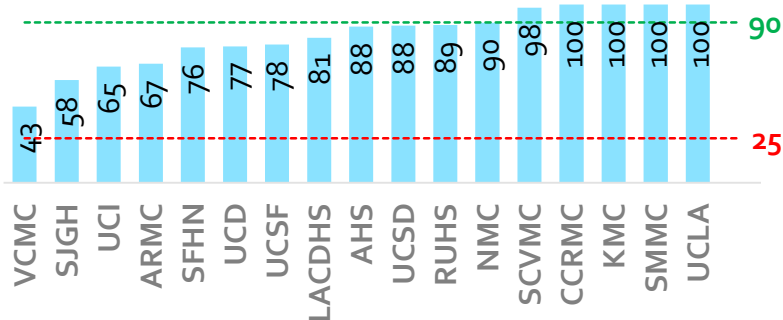
Peer Discussion

Key Discussion Questions

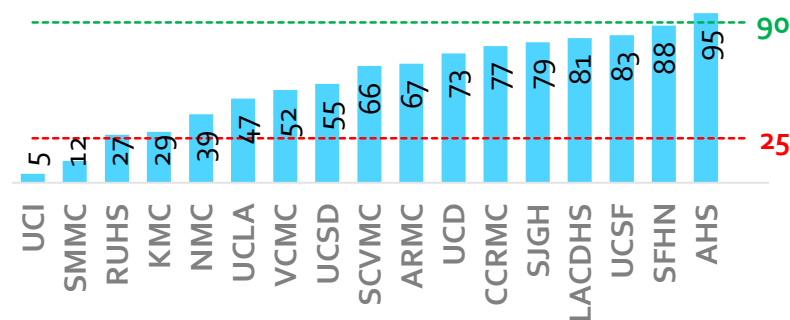
1. What are your system's key challenges in closing the referral loop in Epic?
2. What have been your successes?
3. What questions do you have for your peers?
4. What advice do you have?

DY14 Mid-Year Performance (%)

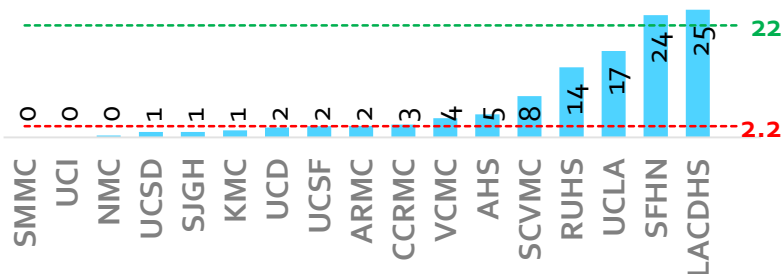
1.3.1 Closing the referral loop: receipt of specialist report



1.3.5 Request for Specialty Care Expertise Turnaround Time



1.3.6 Specialty Care Touches: Specialty Expertise Requests Managed Via Non-Face to Face Specialty Encounters



Useful Resources

- [PRIME Member Data](#) on SNI Link
 - [DY11-14 Quantitative](#)
 - [D14 Mid-Year Highlights](#)
- [SFHN's presentation on Closing the Loop: Coordinating Primary and Specialty Care](#)
 - Slides 27-35; from October 24, 2018 WIT Meeting
- *Other?*

WRAP UP



Improving Patient Inreach & Outreach workshop

Register [here](#)

- Thursday, August 15; Oakland, CA
- Share promising practices for **increasing the accuracy of patient data and optimizing outreach** for assigned-not-yet-seen patients
- **Discuss and exchange successful inreach processes** including scheduling templates, huddles and patient follow-up
- **Implement tips and lessons learned on operational practices** including centralized telephonic outreach and patient portals



Quality Leaders Awards (QLAs)

AWARD CATAGORIES:

TOP HONOR

AMBULATORY
CARE REDESIGN

DATA-DRIVEN
ORGANIZATION

PERFORMANCE
EXCELLENCE

ABOUT THE AWARDS

For more than 20 years, CAPH/SNI has delivered the QLAs to recognize outstanding initiatives across California's public health care systems. The awards highlight forward-thinking and innovative approaches to improve care and advance population health.

Awards are presented at the CAPH/SNI Annual Conference on December 4-6 at the Paradise Point Resort in San Diego.

APPLY NOW!
safetynetinstitute.org/qla

DEADLINE TO APPLY: AUGUST 30, 2019

<http://safetynetinstitute.org/qla>

Save the Date

CAPH/SNI Annual Conference



Registration to open in September!

<https://caph.org/aboutcaph/annualconference/>

Upcoming Dates

Aug 7 (11-12): Camden Coalition Presents the 7 Day Pledge [\[link\]](#)

Aug 15 (Oakland): Improving Patient Inreach/Outreach Workshop [\[register\]](#)

Aug 22(11-12): Epic Usergroup: Avoiding Burnout and Addressing Provider Experience in Epic [\[link\]](#)

Sept 9 (12-1): Patient-Centered Care Transitions Communication to Improve H-CAHPS Scores with RUHS [\[link\]](#)

M	T	W	Th	F
August			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
25	26	27	28	29
September				
2	3	4	5	6
9	10	11	12	13
14	15	16	17	18

Share Your Feedback



How did we do?

What did you learn?

**Do you have suggestions
for future topics or
content?**

PLEASE COMPLETE OUR POP-UP SURVEY