Referral Strategies for Engaging Physicians

Cindy DeCoursin, MHSA, FACMPE
Chief Operations Officer

Richard Naftalis, MBA, MD, FAANS, FACS Chairman, Specialist Affairs Committee

Pam Zippi, Director Marketing



What is HealthTexas Provider Network (HTPN)?

- A physician organization
- Core business: Health care management
- Governed by physician Board of Directors
- Owned by and tightly affiliated with Baylor Scott & White Health
- Dedicated to operational excellence, and improving clinical quality



HTPN Statistics

Network Overview

763 Practitioners (633 Physicians / 130 Physician Extenders)

- > 71 Primary Care Centers
- > 112 Specialty Care Clinics
- 40 Satellite Specialty Care Centers
- 7 Hospitalist Programs
- 1 Family Medicine Residency Program
- > 3 Senior Health Centers
- > 3,072 employees

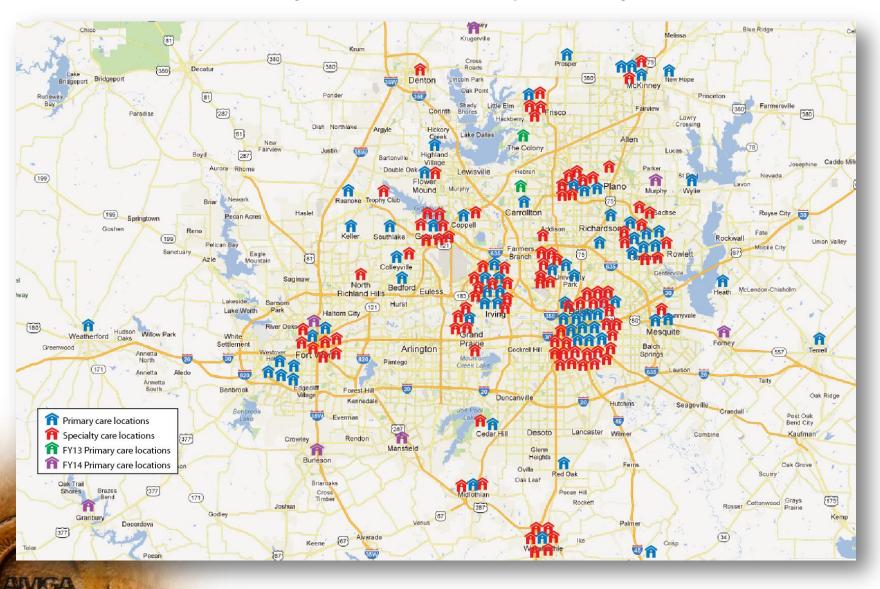


Key Statistical Indicators FY2013

- > 1.95 Million+ Total Patient Visits
- > 180,033 Hospital Visits
- 139,369 New Patient Visits
- > \$749M Clinic Gross Revenue



HTPN Primary Care and Specialty Locations



National Recognition



2011 and 2012 AMGA Acclaim Award Honoree

Honoring medical group organizations who measurably demonstrate progress toward achieving the six IOM aims (safe, effective, patient-centered, timely, efficient, and equitable);

And transform their organizations through documented system-wide changes to improve medical care for large numbers of the patients they serve

2010 AMGA Preeminence Award

Presented to physician-administrator leadership teams, based on blind judging, for :

- Exceptional leadership
- Innovation and vision
- Contributions to the advancement of quality
- Effective healthcare delivery practices and structure



Vision of HTPN

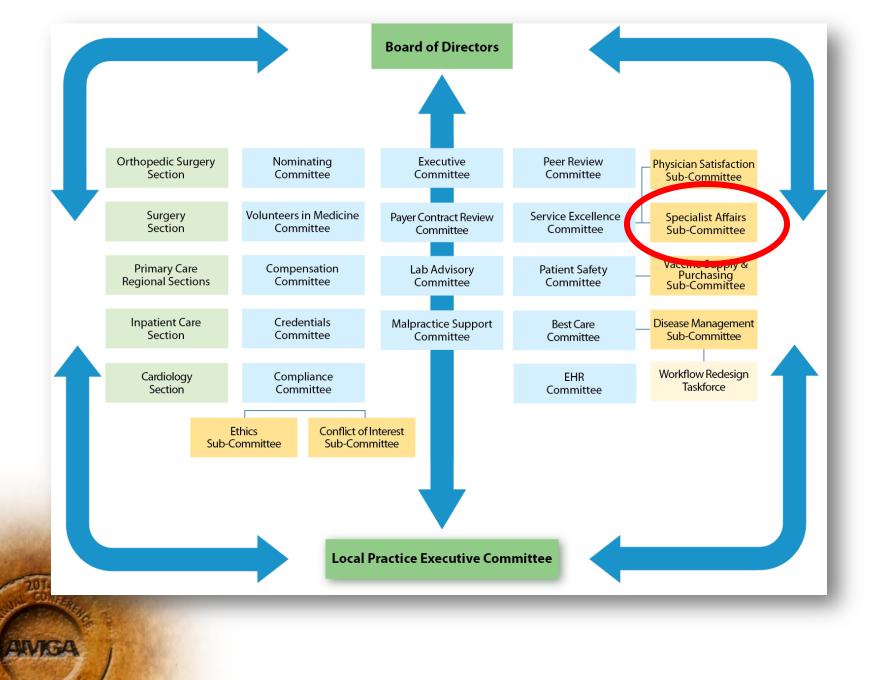
To improve the health and well-being of those we serve



Mission of HTPN

To deliver the highest value patient experience through quality, safety, accessibility, and cost-effectiveness, enhanced by medical education and research in collaboration with Baylor Scott & White Health





Role of HTPN Committees

- Perform specific vital functions related to committee scope (e.g., compensation, nominating, contracting, quality, peer review, malpractice support, service, compliance, informatics)
- Report to HTPN Board for approval
- Chair approves committee membership and works with nominating committee
- Committee members paid for time of service



Specialist Affairs Committee

- First meeting held in December 2009
- To develop and supervise an investigation of specialty referral practices in HTPN and recommend policies to the HTPN board
- Improve education among administrative staff and physicians as to HTPN resources
- Suggest operational improvements such as ambulatory electronic health record enhancements, referral tracking, manager-tomanager rounding, etc
- Improve communication between primary care and specialty care physicians
- Educate specialists with tips and techniques to be responsive to referring physicians

Specialist Affairs Membership

- Specialty care physicians
- Primary care physicians
- Advance practitioners
- Practice administrators
- HTPN department representation
 - Electronic Health Record
 - Referral Management
 - Care Coordination



HTPN Strategy for Patient Retention Management



Improving Patient
Retention
Transparency



Eliminating Interpersonal Barriers



Streamlining the Retention Process



A Fresh Focus on Referral Management

- Improve patient access
- Improve quality
- Improve patient experience
- Improve physician satisfaction
- Making contributions to transforming health care delivery



A Fresh Focus on Referral Management

- Market changes are dictating narrow networks, enhanced emphasis on in-network referrals through payer contracts
- Baylor Health Care System health benefit plan for its own employees offers highest level of coverage for use of HTPN and Baylor Quality Alliance physicians
- The current health care climate emphasizes accountable care through population health, care coordination, quality outcomes, and value.
- At HTPN we are committed
 - To providing the best care for our patients
 - Making contributions to transforming healthcare delivery
 - Remaining competitive in our industry

HTPN understands there will be exceptions for referring out of network, for example:

- HTPN does not offer the specialty service in question
- Patient prefers an out-of-network provider
- Patient's insurance company requires the out-of-network referral
- Physician deems that an out-of-network referral is in the best interest of a patient's care



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Many initiatives put in place at HTPN to streamline the referral process which include:

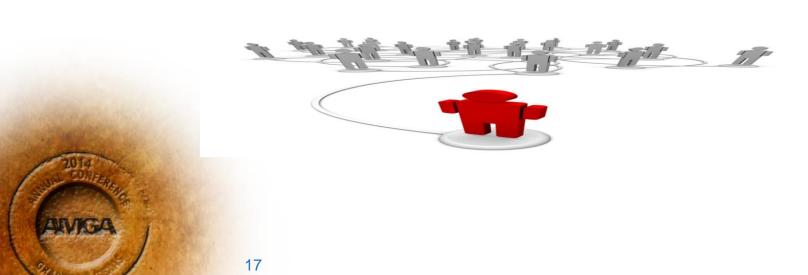
- A service standards agreement between primary care and specialty care physicians
- 2. Data collection & referral capture
- 3. Referral coordination
- 4. New physician education
- 5. EHR enhancements
- 6. Health informatics reporting
- Measurement baseline and success measures
- 8. Sub-specialty sections
- 9. Specialty needs assessments
- 10. Practice growth tools



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Referral Service Standards

- Specialist Affairs Committee finalized service standards between HTPN primary care and specialty care physicians
- Defined core competencies, access agreements, communication processes, and quality & satisfaction service agreements



Service Standards: Core Competencies

Primary Care Specialists Co-Management*

- Provide diagnosis and initial work-up of the diagnosis based on referral guidelines
- PCP provides diagnostics to Specialist at least 24 hours before the patient referral visit utilizing EHR (PCP's must communicate diagnosis through other means for Specialist without access to EHR)
- For surgery: PCP provides preoperative medical clearance for uncomplicated patients and designates rounding responsibilities (PCP vs. Hospitalist)
- For admissions greater than 24 hours, Primary Care Physician and/or Hospitalist makes social rounds to admitted patients at least once

- Specialist to provide list of his/her core services along with referral guidelines to the PCP. If guidelines are not available, consultation with specialist's referral coordinator will be made available.
- If diagnostics prior to the Specialist consultation is needed, a list will be provided and maintained for the PCP (i.e. x-rays, specific labs, EKG, etc.)
- Patients regularly treated by a specific specialist: comanagement agreement will be entered into between PCP and Specialist
- Includes timely sharing of changes in patient status and treatment plan
- Time frame for giving and receiving information between parties should be agreed upon by both and documented in the EHR
- The agreement may be general or patient specific

*as per Patient Centered Medical Home guidelines

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Service Standards: Access Agreements

Time for office to respond:

- Phone messages left:
 - 8:00 am to 11:30 am: Returned before the afternoon session begins
 - 11:30 am to 4:00 pm: Returned by close of business
 - After 4:00 pm: Returned before the afternoon session on the following business day

Specialist provides the following access:

 Non-urgent cases: A patient is scheduled for an appointment in a timely manner for any problem within Specialist's core services

Primary Care Physician provides the following access:

 For Specialist follow up appointments: Primary Care Physician offers same week access for all HTPN primary care patients



All practices are expected to follow the Patient Centered Medical Home Practice Guidelines for returning phone calls: Routine calls are defined as those calls for clinical issues not meeting written practice specific urgent call criteria.

Service Standards: Communication Process

- Before sending a consult: Primary Care Physician identifies patients who have complex issues such as:
 - Pain contracts
 - Medical problems
 - Logistical or social problems
- Admission for Surgical Procedures: Specialty Physician will notify PCP or office staff of an admission for surgical procedures within 48-72 hours of procedure
- Referral Appointment through EHR: Specialist submits patient evaluation and consult notes to the PCP within 48 hours of referral appointment
 - It is Specialist's responsibility to communicate these documents through other means for PCP's without access to the EHR
- Specialist provides a list of post-operative follow up (if applicable)



Service Standards: Quality and Satisfaction Service Agreements

- Service agreements are reviewed, updated and approved annually (final approval by HTPN Board of Directors)
- Annual Survey: Available for Primary Care Physicians and Specialists to determine if service standards are not met
 - Education and mentoring may be requested
 - Each practice location is responsible for responding in a timely manner



Service Standards: Quality and Satisfaction Service Agreements

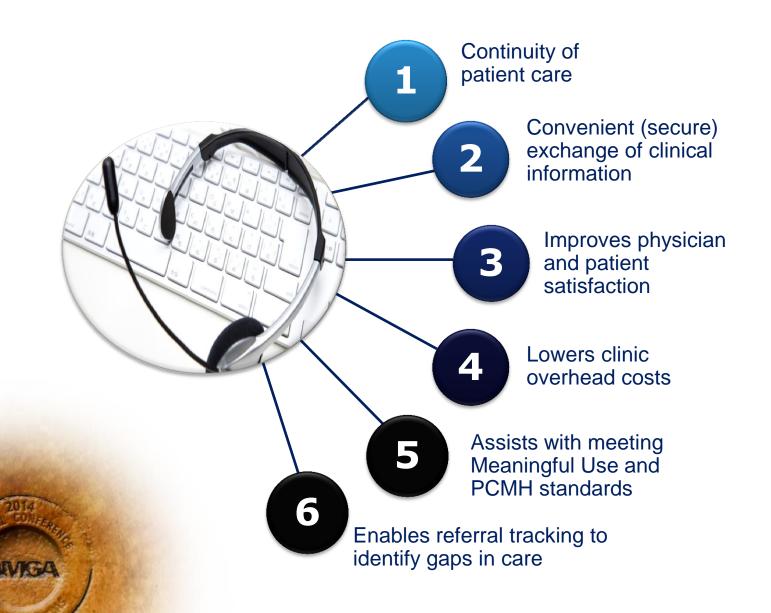
- Quality review of the process will occur on a regular basis. Metrics could include:
 - Percent of time guidelines are met
 - Percent of time processes are followed
 - Percent of time adequate information is provided to Specialist
 - Percent of time adequate information is provided to Primary Care Physician
 - Percent of time appointment is booked timely
- Patient satisfaction and feedback are reviewed on a bi-annual basis.
 Metrics include:
 - Likelihood to Recommend Practice (must be above HTPN P4P threshold)
 - Standard Care Provider Section (must be above HTPN P4P threshold)



HTPN Referral Coordination



Benefits of Referral Coordination



HTPN Referral Strategy

HTPN Board Approves

HTPN Referral Coordination Department (HRC)

Guided By

Improving physician satisfaction

Lowering health care costs

Meeting
Meaningful
Use and
PCMH
standards

Goal

Increase the daily average number of referrals ordered through the (EHR), and processed by the HRC

OBJECTIVE

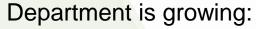
Improve patient care by creating a seamless referral transition among primary and specialty care physicians



About Referral Coordination at HTPN

Supports HTPN primary care clinics

Coordinates referrals from HTPN Primary
Care Providers to HTPN specialists



More primary care clinics showing interest



The HTPN Referral Order Process







Specialist
communicates patient visit
with primary care
physician









- Accepts referral order
- Contacts specialist for appointment
- Confirms appointment with patient
- Enters appointment information in referral order



Going Forward

Identify HTPN primary care practices/providers who have NOT adopted new EHR referral process

Produce transparent referral pattern reports from collected data

- 1. Train practice administrators and managers
- 2. Spread "best practices" at local executive committee meetings

Evaluate physician needs utilizing:

- 1. Referral flow pattern reports
- 2. Annual physician specialty service line needs assessment

Establish regional referral goals by specialty



New Physician Orientation





HTPN Physicians

- Live by the philosophy to do right by our patients and do it well
- Have improved access to care
- Consistently ranked in the 95th percentile among the nation's 72,699 physicians for "Standard Care Provider"
- All are credentialed physicians held to high quality standards of care
- All are consistently monitored and held accountable for quality and service

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Find out how the referring physician would like to receive information regarding the referred patient.

E-mail? Phone Call? Letter?



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Report patient outcomes promptly to the referring physician, using their preferred method of communication.





Do best to refer the patient back to the primary care physician.



DO NOT leave a referring physician wondering what happened to his or her patient.



Offer open access. If possible, allow the referred patient to tell you when they would like to come in.



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Set up introductory meetings to help establish stronger relationships.



Seven Habits for Highly Effective Referrals

Develop and maintain a database or spreadsheet with information regarding all current and potential referring physicians.

Did you know....

- HTPN specialists are willing to set up satellite offices within an HTPN primary care practice if patient flow equals 5 to 7 patients
- Patients rely on their primary care physician's expertise when referring to a specialist, they will travel the distance to get the best recommended quality of care
- If HTPN PCPs have a problem referring to a specialists, they should tell them why!
- Specialists and primary care physicians should meet in person. Putting a face to a name is invaluable.

Health Informatics





Information Technology Infrastructure Critical Component of HTPN Referral Management



- Ambulatory Electronic Health Record Committee (AEHRC) began EHR implementation throughout HTPN network in 2006
- Committee members work with physicians and other providers to:
 - Improve workflow
 - Increase communications
 - EHR usability and training
 - Meet Meaningful Use standards
- Ongoing customization of GE Centricity (EHR) is based on:
 - Physician input, system upgrades, EHR enhancements

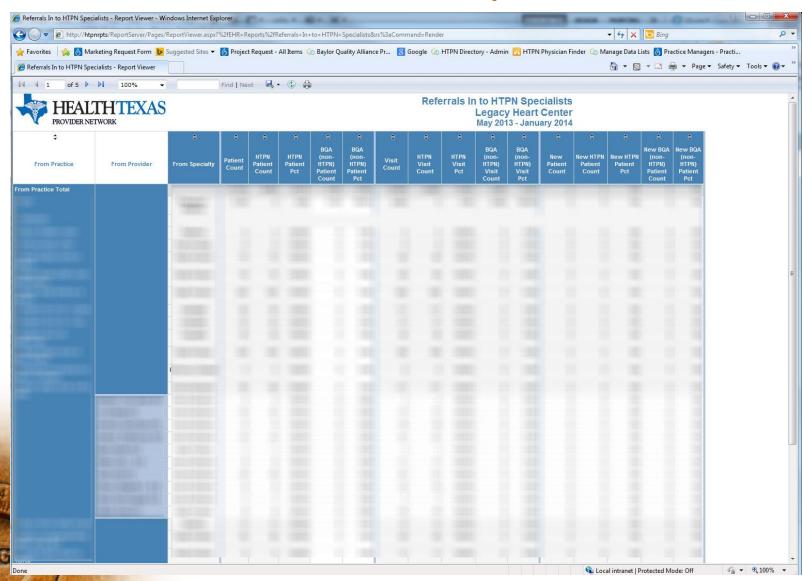
Information Technology Infrastructure EHR Functionality



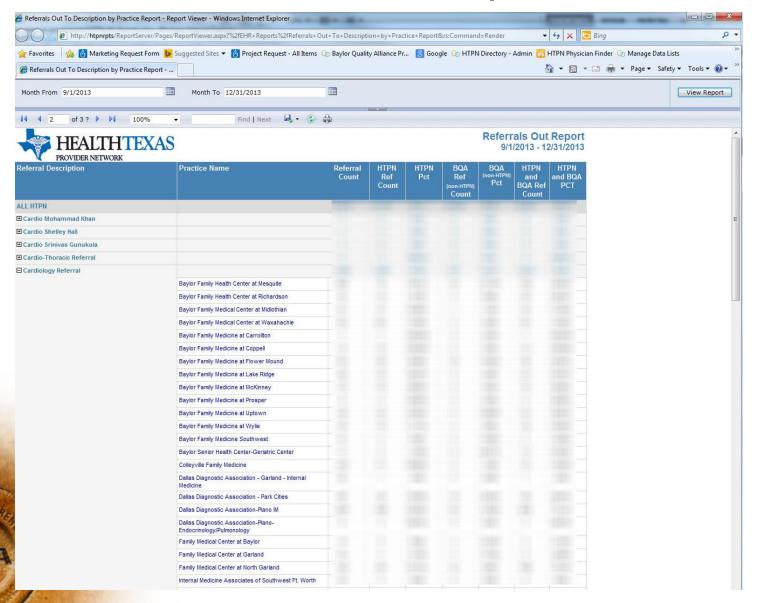
- Self-Management Support Tools
- Delivery System Design
- Decision Support
- Clinical Data Warehouse
- Patient Portal Capabilities
- Disease Management/Adult
 Preventive Health Services
 Protocols
- Referral Tracking



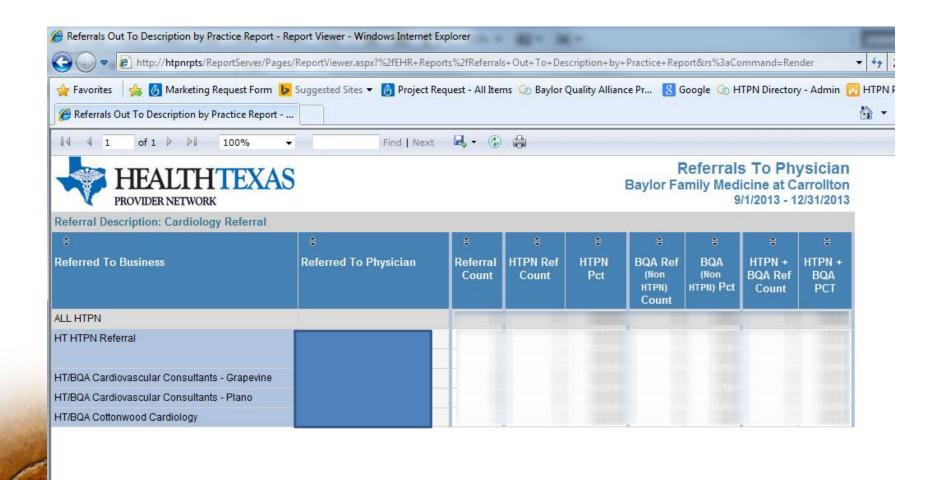
Referral In Report



Referral Out Report



Referrals to Physician Report





Why an Orthopedic Section?

- Orthopedics within HTPN
 - HTPN acquired a large sub-specialty orthopedic surgery practice (Orthopedic Associates of Dallas) in 2012
 - Network growth from seven to twenty six surgeons across five practices competing in same geographic area
- Although a much needed referral source for primary care, independent silos competing for referrals was a concern



Orthopedic Surgery Section Charter

HTPN Board approved a formal committee charter with the following elements:

- Chair of the Section is appointed by the Board
- Section members are formally assigned to maintain membership in proportion to each practice sites relative number of surgeons
- Chair partnered with Chief Operations Officer for first year
- Follow committee best practices, including pre-approved agendas, minutes, attendance, year end survey
- Meets every two months with one meeting as a social event for all HTPN orthopedic surgeons



Orthopedic Surgery Section Charter

HTPN shall consult with and seek recommendations from the Section on matters that include but are not limited to:

- Growth and strategic development of orthopedic surgery
- Recruitment of orthopedic surgeons
- Expansion into new markets
- Managed care strategies
- Quality metrics, inpatient and outpatient
- Technology, including imaging and electronic health records
- Financial performance, including billing and collections,
- Practice efficiencies
- Continued development of orthopedic graduate education and clinical research

Orthopedic Service Line Growth Review

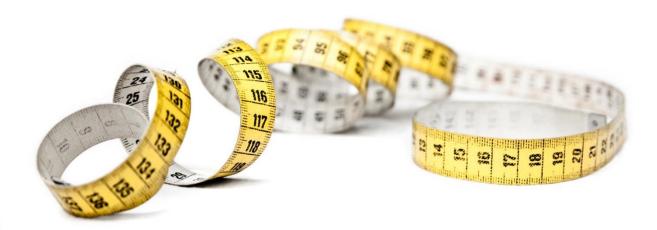


- Regular review of growth requests
- Inclusion of orthopedic surgeons in all candidate interviews to evaluate fit and provide recommendation for placement of recruits.



Quality Metrics for Orthopedic Surgery

- Established quality metrics for orthopedic surgery
- Metrics approved by HTPN Best Care Committee and HTPN Board





HTPN Orthopedic Surgery Section Meeting Success

- Physician participation in the growth and strategic development of orthopedic surgery service line
- Recruitment of world class orthopedic surgeons
- Expansion into underserved markets
- Develop quality metrics, inpatient and outpatient
- Evaluate technology, including imaging and electronic health records
- Best practice financial performance, including billing and collections,
- Study practice efficiencies
- Continued development of orthopedic graduate education and clinical research



Key Findings of Section Effectiveness Survey

- All respondents expressed they would like to continue their membership next year
- Section meetings are successfully creating a team culture and group strategy among its members
- 86% of respondents offered no suggestions for improvement
- Vast majority of respondents felt the committee was functioning well and fulfilling its responsibilities



Year One - It's All Good!





Specialty Needs Assessment

- All HTPN primary care locations were surveyed as to their needs and expectations within a service line by subspecialty
- Survey results were used as a foundation for referral development strategies





Key Areas Measured by PCPs

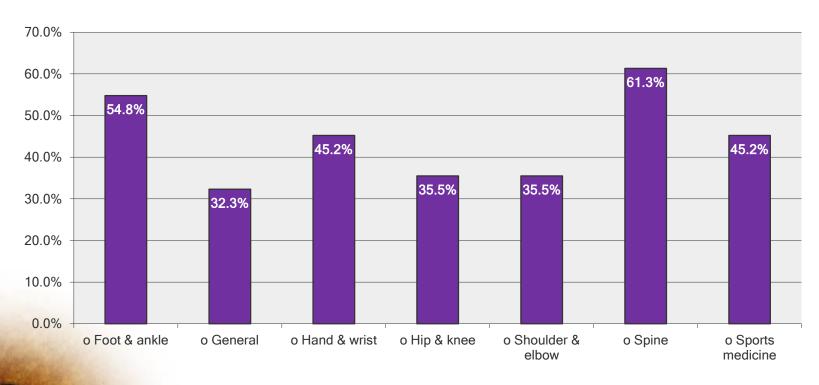
- Ability to get patient an appointment/consult
- Perceived quality of care
- Physician-to-physician communication
- Office-to-office communication
- Patient satisfaction with their sub-specialty care
- Top sub-specialty needs
- Sub-specialty needs not met

- Referrals to HTPN subspecialists
- Interest in referring to HTPN sub-specialists
- Reasons for not referring to HTPN sub-specialists
- Additional comments



Orthopedic Needs of Patients Not Currently Met

Which of the following orthopedic needs are not currently being met? (Check all that apply)





Practice Growth Tools





Mentoring Dashboard

PROVIDER NE	≎ Specialty Desc	≑ First Activity Month	Average WRVUs						WRVUs						Percentile (Th			PSAT (Threshold	DIAB POA APS POA (Threshold 82.0%) (Threshold 72.0%)			Asthma POA (Threshold 14.5%		
													reficefule 3			90.0)			÷ 2 ÷		\$ 2 \$			
			Mos 1-6	Mos 7-12	Mos 13- 18	Mos 19- 24	Mos 25- 30	Mos 31- 36	Curr Mo - 5	Curr Mo - 4	Curr Mo - 3	Curr Mo - 2	Curr Mo - 1	Curr Mo	25th	50th		Std Care (Fiscal YTD)	Prev Qtr	Curr Qtr	Prev Qtr	Curr Qtr	Prev Qtr	Cu Qt
	Cardiology	9/2013								271	523	427	769	717	4,710	7,445	0					//		
	Cardiology	3/2013	418						692	485	776	782	593	674	7,403	10,015	•	86.8						
	Cardiology	11/2012	830	933					1,078	655	911	622	716	536	4,710	7,445	•	96.7	- 0	-				
	Cardiology	11/2012	1,307	1,439					1,194	1,210	1,268	1,184	1,041	1,515	7,403	10,015	•	97.2		_				
	Cardiology	11/2012	777	787					868	679	910	769	1,245	1,055	7,971	11,455	0	92.6						
	Cardiology	11/2012	861	1,051					1,116	655	1,074	699	532	954	7,971	11,455	0	95.7						
	Cardiology	11/2012	267	443					498	534	338	223	491	401	4,710	7,445	0	91.7						
	Cardiology	11/2012	159	212					229	228	230	90	227	252	4,710	7,445	•	93.3		_				
	Cardiology	11/2012	164	237					264	211	295	205	241	300	4,710	7,445	•	98.8						
	Cardiology	11/2012	733	721					663	732	842	651	703	549	4,710	7,445	•	88.6						
	Cardiology	11/2012	555	653					787	620	670	698	520	830	4,710	7,445	•	95.0	-				3	
	Cardiology	11/2012	875	1,124					1,625	1,149	1,404	834	914	1,386	4,710	7,445	•	86.9						
	Cardiology	11/2012	1,589	1,586					1,636	1,644	1,356	1,172	1,344	1,666	7,403	10,015	•	95.6						
	Cardiology	11/2012	914	1,109					1,269	1,009	1,059	878	681	892	4,710	7,445	•	93.3						
	Cardiology	10/2012	842	903					925	987	975	732	678	1.002	4,710	7 445		92.4						



Internal Marketing

- Inclusive HTPN cardiovascular service line brochure
- Consumer HTPN
 cardiovascular pages as part
 of HealthTexas.com
- Standard marketing toolkit for new physicians

The Pulse





Marketing Improvement Packet

- Work with operations staff to achieve a goal for targeted build
- Mentoring dashboard target physicians below 50^{th} percentile in work RVUs by MGMA standards
- Patient visit trend analysis
- Neighboring practices with highest referrals per physician specialty referrals out report per specialty
- Consumer efforts where appropriate new movers, direct mail
- Internal marketing opportunities
- Employ search engine optimization
- Reputation management
- Mobile strategy



Referral Order Process: Why We Need It



- Practice best care for our patients
- Manage patient populations
- Leverage talents of our own high-quality physicians
- Data sharing via EHR (ease of information exchange /better coordinated care)

Referral decisions impact patient care. With this in mind, HTPN is motivated to encourage patient retention based on the strengths within our network.

Provide
exceptional
communication
and coordination
of care

HTPN Physicians

Have agreed to a professional code of conduct



Are monitored for quality and service standards



