

Electronic Consult (& e-Referral) Use Cases

San Joaquin County

The purpose of this outline is to outline scenarios that must be considered for workflow using eReferral and e-consult within SJGH and SJCC.

Assumptions:

1. Cerner or NexGen EHRs are used for referrals processing.
2. For use cases 4 & 5 please consider typical approach as a vendor for the hand-off from EHR referral initiation to any referral processes within which the electronic consult solution may offer any optimized workflow. This should be considered for Cerner only when thinking of the EHR in the process.
3. Direct messaging protocol is minimum viable product for referral management, acknowledging loop closure is not automated with this process and must be reconciled manually, unless a 3rd party referral software offering such capabilities is in use and integrated with Cerner solution.
4. Centralized Scheduling “pods” process referrals with escalation to specialist or specialist team member as needed. Staff member has ability to review referral, process as needed and schedule appointment.
- 5.

Use Case 1 – e-consult Initiation by Primary Care Provider (to point of receipt by Specialist)

1. Select a patient and describe any pre-e-consult messaging between PCP and staff that may occur within the software that allows a Nurse Practitioner to be notified and initiate an e-consult on behalf of a PCP.
2. Identify whether PCP or delegate creates the e-consult
3. Healthcare provider identifies patient within the system.
 - a. Outline patient data integration with EHR as noted above.
4. Specialty selected.
5. Specialty provider identified and selected (where individual providers may be selected).
 - a. Be able to illustrate how the specialty provider list is created and maintained.
 - b. How additional specialists are added and is there a background process associated with screening of those providers prior to inclusion?
6. Template for Specialty questions completed by provider.
 - a. Be able to illustrate use of templates for specific disease related questions. Who sets up templates and how are they updated in the event of organizational changes requiring additional or less information to be shared between PCPs and Specialists.
 - b. Be able to speak to construct of guidelines and best practices associated with implementing them.
 - c. Be able to include/attach supporting information from the patient EHR data including:
 - i. Laboratory results

- ii. Medications
 - iii. Test results
 - iv. X-ray images or other images.
 - v. Patient notes from EHR.
- 7. Questions submitted via secure means to Specialty provider.
 - a. Be able to discuss the security aspect of the messaging.
- 8. Specialist reviewer receives/notified of e-consult question in the queue.
 - a. Be able to illustrate how Specialist reviewers are notified that an item is in the queue where notification goes above and beyond them checking an Inbox on a regular basis.

Use Case 2 – Specialist review and completion of e-consult (only after additional information is sought).

Assumption: In addition to the process below, a simple review and response, containing advice to the PCP with one round of communications and closure of a case is simpler version of this process. Specialist review creates additional questions that are sent back to the PCP.

1. Assume completion of the submission process outlined in pathway #1.
2. Specialist reviewer requires further information from PCP, prior to being able to complete the e-consult. Request for additional information is made within the e-consult tool and submitted to the PCP.
3. PCP receives request, provides additional information, including clinical data and submits update which routed back to Specialist.
4. Specialist reviews additional information and completes the case.
5. Specialist sends final response to the PCP, closing the case.

Use Case 3 – e-consult creates need for Specialist visit to be scheduled.

1. Starting Point can be reflective of hand off point in Use Case #4.
2. Review of the information shared by the PCP with Specialist reviewer recommending that face to face visit is necessary.
3. Update e-consult and submit back to PCP, informing of the visit need
4. e-consult closed.
5. TRANSITION POINT: Message is received by PCP and PCP begins process of referral authorization using EHR/eReferral solution.

Use Case 4 (IF AVAILABLE) – Referral where embedded with EHR System - from PCP to Specialist with Specialist Appointment Scheduling to Take Place

Assumptions:

- No specific issues requiring follow up communications prior to scheduling.

Tasking by Role:

1. PCP or Primary Care Team member login to EHR
2. Search on Demo Patient
3. Select Patient and proceed
4. Select Referral (Tab/Button)

5. Select Referral Type (if offered)
6. Select Specialty
7. Select Staff Assignment (Referral To – likely a Specialty department vs Specific Provider)
 - a. Need to establish routing requirements for referrals
8. Complete Reason for Referral
9. Attach CCD / Summary of Care
10. [Determine if insurance requirements are necessary within Cerner at this point]
11. Submit Referral
12. TRANSITION POINT: Pod member logs in and checks queue
13. Open referral request
14. Verify patient eligibility (using web tool for checking)
 - a. If not eligible then send message back to PCP indicating issue with referral
 - b. If eligible then proceed to 15
15. Visit scheduling process commences by Pod member
 - a. Pod member sends information to specialist or specialist team designee
 - b. Designee provides feedback to pod member
 - c. Pod member reviews notes and schedule for visit with Specialist
 - d. Outreach to Patient to convey visit date(s)
 - e. Visit schedule confirmed

Use Case 5 (IF AVAILABLE) – Referral where embedded with EHR System from PCP to Specialist with Specialist Appointment Scheduling to Take Place (requiring follow up communications prior to scheduling)

Assumptions:

- No specific issues requiring follow up communications prior to scheduling.

Tasking by Role:

1. PCP or Primary Care Team member login to EHR
2. Search on Demo Patient
3. Select Patient and proceed
4. Select Referral (Tab/Button)
5. Select Referral Type (if offered)
6. Select Specialty
7. Select Staff Assignment (Referral To – likely a Specialty department vs Specific Provider)
 - a. Need to establish routing requirements for referrals
8. Complete Reason for Referral
9. Attach CCD / Summary of Care
10. [Determine if insurance requirements are necessary within Cerner at this point]
11. Submit Referral
12. TRANSITION POINT: Centralized Scheduling Pod member logs in and checks queue
13. Open referral request (if missing test results existing can they be flagged if guidelines are available?)
14. Message from pod member to referring PCP indicating more information required

15. Verify patient eligibility (using web tool for checking)
 - a. If not eligible then send message back to PCP indicating issue with referral
 - b. If eligible then proceed to 15
16. Visit scheduling process commences by Pod member
 - a. Pod member sends information to specialist or specialist team designee
 - b. Designee provides feedback to pod member indicating follow up is necessary by requesting provider (missing test results may be noticed here IF guidelines are available?)
 - c. Pod member reviews notes and messages schedule for visit with Specialist
 - d. Outreach to Patient to convey visit date(s)
 - e. Visit schedule confirmed

Use Case 6 – e-consult Reporting & Analytics

1. Provider e-consult activity by Specialty on a time basis.
2. Open e-consult request queue and/or any ability to report on e-consults of various status (e.g. pending, open, closed, escalated for referral, awaiting further PCP feedback for Specialist, etc).
3. Financial / billing code reporting
4. % of patients who received specialty expertise via e-consult
5. Number of patients who had an e-consult (regardless of management strategy)/total referred patients
6. % of PCPs who self-report satisfaction with the program on a survey
7. % of e-consults that result in in-person visit/total e-consults (per specialty); % of e-consult that are never scheduled/total e-consults (per specialty)
8. raw number of specialties offering e-consult
9. # of specialist responses that are not read by PCP/total number of specialist responses via e-consult
10. # of e-consults that did not receive a specialist response/total number of e-consults
11. average lapsed number of days between time e-consult was generated and time specialist responded
12. % of PCPs who report satisfaction with the program on a survey distributed 6 months after e-consult initiation (survey topics include questions about work flow, e-consult process, educational materials, e-consult templates)
13. % of specialists who report satisfaction with the program on a survey distributed 6 months after e-consult initiation (survey topics include questions about work flow, e-consult process, educational materials, e-consult templates)
14. % of non-MD team primary care team members who report satisfaction with the program on a survey distributed 6 months after e-consult initiation (survey topics include: e-consult work flow, process, e-consult templates)
15. Total number of referrals referred to each provider
16. Time from referral request to referral appointment
17. Number of rejected referrals
18. Number of referrals requiring additional tests

19. How many times the providers look at the guidelines?
20. How many times each specialty guideline is reviewed?
21. Average number of visits per specialty
22. Number of unnecessary tests ordered (adherence to guidelines)
23. Test utilization in general (includes Imaging and Lab Studies)

Use Case 7 – Provide any workflow review of use cases that you often encounter but may not be noted above.

Where additional scenarios are not available, we understand and can move forward to the next part of the agenda. This is simply a slot for any specific review of use cases that you may want to illustrate.