Primary Care Checklist Suggestions for Assessing Referral Process

1. How is the decision made to refer the patient

2. How is the patient included in this process (options/shared decision making, goals, education)

3. Who composes the clinical question

4. How does the clinical question get into the referral request; who does this

5. Who attaches the core medical data to the referral, how is this done

6. Who determines what supporting data (Pertinent Data Set) is attached to the referral request; how is it attached & who does this

7. Who determines the urgency of the referral needs; how is this communicated to the specialty practice

8. Who decides the type of referral / role of the specialist that is desired & how is this conveyed to the specialty practice

9. How is a request for Pre-consultation (advise about whether a referral is needed or what type of evaluation should be done to prepare for the referral) conveyed & who does this

10. How are the referral requests logged

11. Who logs the referral requests

12. How is the referral request sent & by whom

13. How is a request for additional information received and handled & by whom

14. How is the confirmation of the receipt of the referral request with appointment date & time received and logged & by whom

15. How is a notification that patient refuses to book appointment with specialty practiced received & handled

16. How is a notification that the referral needs to be redirected received & handled

17. How is notification that a referral is not needed (does not meet guidelines for evaluation or answer/recommendation to a simple question is provided by the specialist received & handled

18. How is a notification of No Show or Cancellation received & logged and how is this handled (who is notified)

19. How is the referral response note received & by whom

20. Who ensures that any recommendations in the referral response note are incorporated into the patient's care plan & any action items are fulfilled

21. How are the recommendations from an e-consultation received & by whom

22. Who is responsible for incorporating the recommendations from the E-consult into the patient's care plan and ensuring that recommended testing and/or management is undertaken.

23. How is the referral log monitored to ensure referral response notes are received on all referrals and in a timely fashion & who does this

24. If results of testing ordered or done by the specialty practice are not included in the initial referral response note, who does the follow up to get those results

25. Are Secondary Referrals made by one specialist to another specialist for one of your patients logged (e.g. Endocrinologist referring to an endocrine surgeon for thyroid cancer, hyperparathyroidism or adrenal mass)

26. How do you ensure that you get results of from the secondary referral

27. How do you identify if a specialists has made inappropriate Secondary referrals (e.g. endocrinologist seeing patient for thyroid cancer refers the patient to a GI group for GERD symptoms)

Primary Care Critical Elements for High Value Care Coordination

1. **Patient as partner** in the referral process (patient-centered approach, patient goals are considered & clarified for diagnostic and/or management / care plan decisions)

2. Is there a **scheduling protocol?** Is the specialty group asked to contact the patient to schedule or is the patient asked to call to schedule (former recommended to allow for tracking and pre-consultation)

ACTION STEP 1

3. Is there a **Clinical Question (or detailed reason for referral) & the supporting data** for that question or reason for referral

4. Is there a referral tracking process for at least Closing the Loop:

   a) Logging date that referral was sent and to which specialty and reason

   b) Logging Receipt of Confirmation (notification of) receipt of the referral request and the scheduled appointment, or

   c) Logging Receipt of Notification of patient preferring not to schedule or inability to reach the patient (with Process to confirm contact info if specialty practice unable to reach patient to schedule appointment), or

   d) Receipt of Notification if the referral request needs to be redirected to a more appropriate specialty service, or

   e) Receipt of Notification of referral request where appointment not needed (based on guidelines, etc.)

   f) Logging Receipt of Notification of NO SHOW or Cancellation of a scheduled appointment & appropriate contact with patient if urgent or serious condition

   g) Ensuring referral response note or report received in timely fashion

5. Is there a **practice team** for handling referrals