ABSTRACT: 2017 ELAM Institutional Action Project Symposium

Project Title: Improving Pediatric Care Transitions: Enhancing Communication and Patient Experience Related to Referrals between Primary Care Providers and Specialists

Name and Institution: Suzette Oyeku MD, MPH, Albert Einstein College of Medicine/Children's Hospital at Montefiore
Collaborators and Mentors: Judy Aschner, MD, Elissa Faro, PhD, Peter Belamarich, MD, Faye Kokotos, MD, Christina Sullivan, MD, Michael Rinke, MD, PhD

Background, Significance of project: Children and adolescents may experience several care transitions throughout their interactions with the health care system. Ineffective care transitions can lead to fragmented care, medical errors, delays in treatment, poor patient experience and health outcomes and increased health care costs. One important care transition is moving from primary care provider (PCP) to specialist and back again. The process of referrals between primary care providers and specialists is frequently fraught with a myriad of challenges including difficulty scheduling appointments, PCPs may not consistently outline the reason for the referral or prior evaluation for the specialist, specialists may not consistently communicate findings and recommendations back to the PCP and patients and/or parents may not be fully informed about the reason for the referral or follow up plan after a specialty visit.

Purpose/Objectives: This project is part of a larger quality improvement collaborative focused on three important care transitions for pediatric patients at our institution: 1) unit to unit transitions, 2) hospital to home transitions, and 3) PCP to specialist referrals. This Institutional Action Project will focus on improving the third pediatric care transition with a focus on the following domains: quality of communication and patient experience of care.

Methods/Approach: A multidisciplinary team of key stakeholders was convened to assess the current process and practice patterns related to primary care to specialty referrals. A process map was developed and the team outlined change ideas/interventions. We are using classic quality improvement (QI) tools such as the Model for Improvement, Plan Do Study Act cycles, process mapping and lean six sigma methodologies to improve this care transition. We are conducting retrospective audit of charts to assess for completion of referrals and quality of communication between PCPs and specialists. We are also conducting a survey to assess patient/parent experience of care with the recent referral. QI interventions will be trialed, effectiveness assessed, and spread, stopped or modified accordingly. We plan to ultimately implement a quality improvement bundle across our clinical sites consisting of successful interventions identified by this project.

Outcomes and Evaluation Strategy: Performance metrics include: 1) Percent of audited referrals that contain a clear a question for the specialist to answer; 2) Percent of audited referrals that had a failure to complete the referral within 90 days and 3) Percent of families referred who report that they understood the reason for referral, the diagnosis and the care plan before and after the visit. We will test the differences in the measures outlined above pre-and post-intervention.

Conclusion with Statement of impact/potential impact: Improving this care transition between PCPs and specialists will enhance the quality of and experience of care received by patients/families.

Improving Pediatric Care Transitions: Enhancing Communications and Patient Experience Related to Referrals Between Primary Care Providers and Specialists

Suzette Oyeku, MD, MPH[1], Associate Professor of Pediatrics & Chief, Division of Academic General Pediatrics

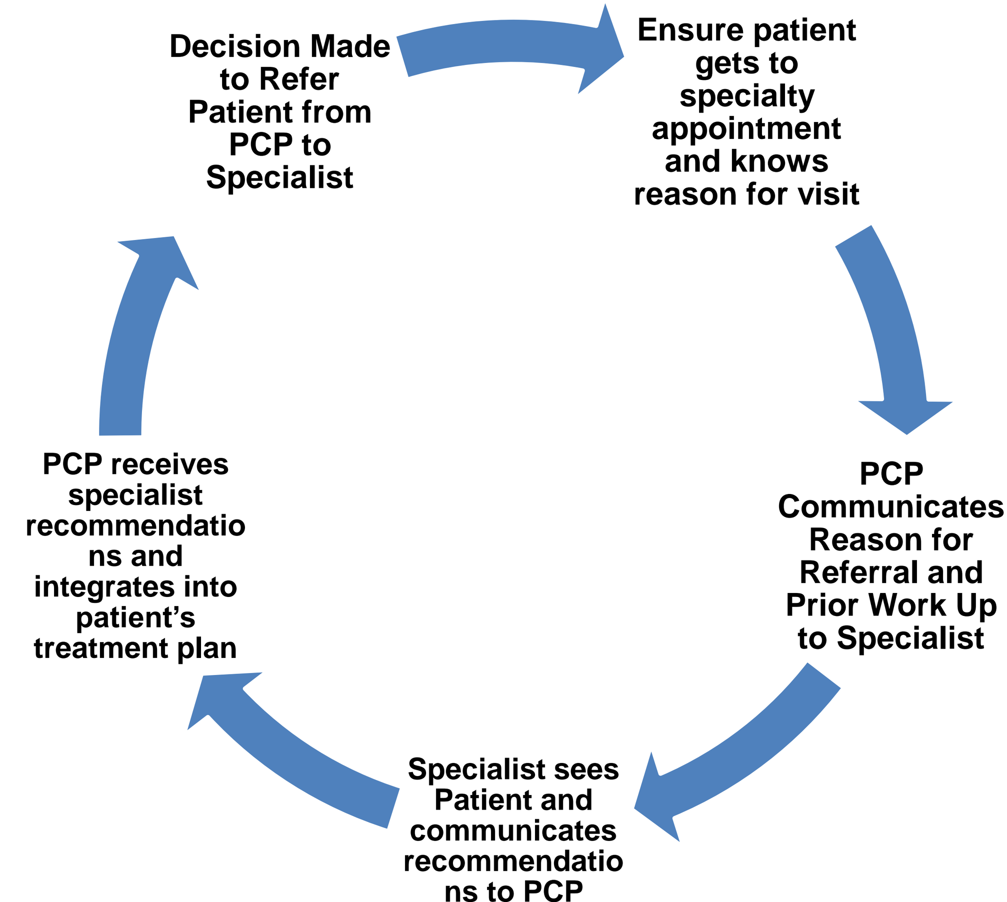
Mentor: Judy L. Aschner, MD, Professor and University Chair of Pediatrics, Albert Einstein College of Medicine

Collaborators: Elissa Faro, PhD[1], Peter Belamarich MD[1], Heather O'Donnell, MD, MS[1], Faye Kokotos, MD[1], Christina Sullivan, MD[1], Michael Rinke, MD, PhD[1]

[1]Department of Pediatrics, Albert Einstein College of Medicine/Children's Hospital at Montefiore

BACKGROUND & SIGNIFICANCE

- Referrals from a primary care provider (PCP) to specialist and back again are an important care transition
- Studies suggest referral rates are increasing with close to 10% of ambulatory visits resulting in a referral to another provider.
- Ineffective communication between PCPs and specialists and patients/families can lead to fragmented care, medical errors, delays in treatment, poor patient experience and health outcomes and increased health care costs.
- Strategies to optimize the complex process of referrals are needed to decrease inefficiencies in the health care system and ensure provision of high value care



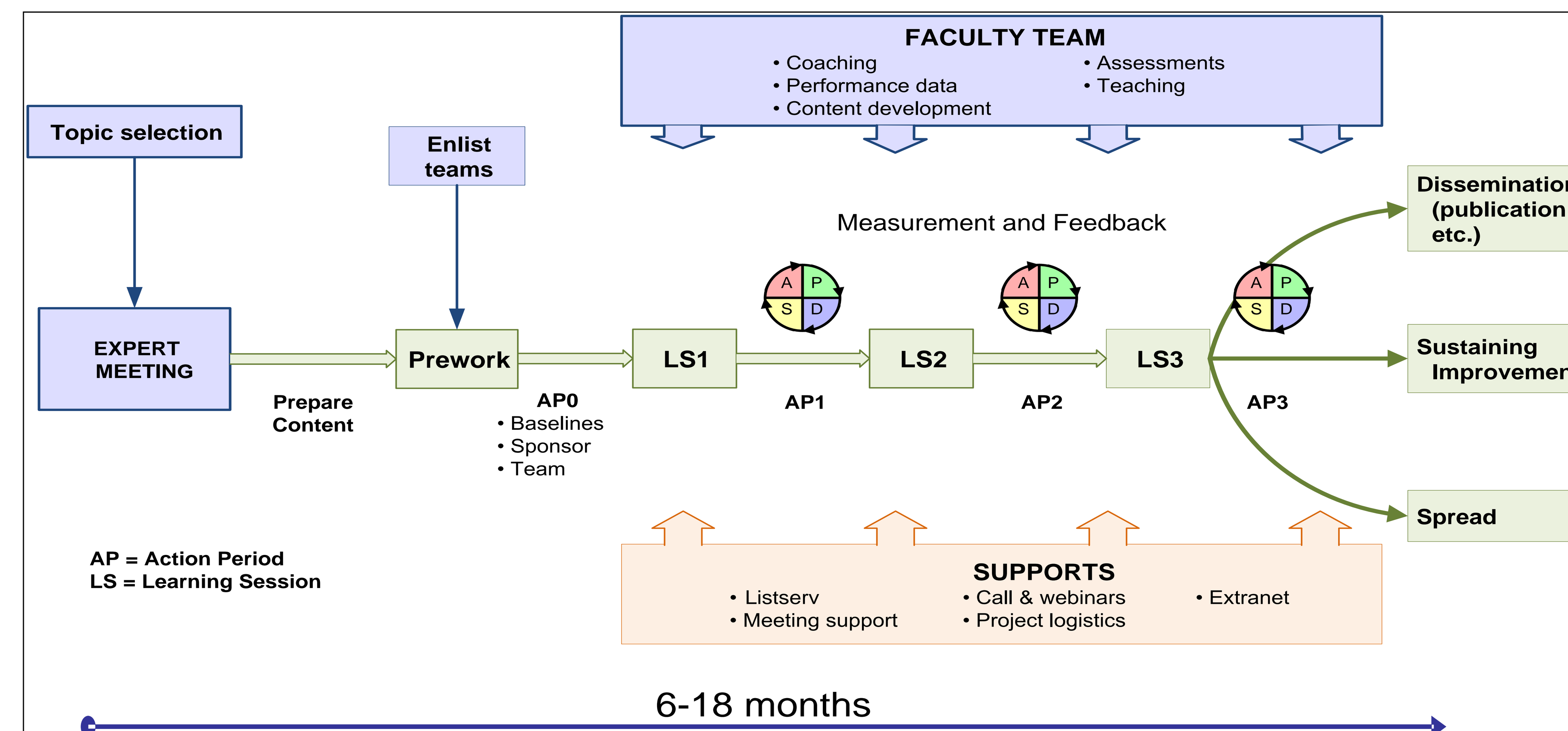
OBJECTIVES

- To improve pediatric care transitions related to primary care provider to specialist referrals with a specific focus on following domains: quality of communication and patient experience of care

METHODS/APPROACH

- This project is part of a larger quality improvement collaborative focused on three important care transitions for pediatric patients at our institution: 1) unit to unit transitions, 2) hospital to home transitions, and 3) PCP to specialist referrals
- Using classic quality improvement (QI) tools such as the Model for Improvement, Plan Do Study Act cycles, process mapping and lean six sigma methodologies to improve this care transition
- Convened a multidisciplinary team of key stakeholders to assess the current process and practice patterns related to primary care to specialty referrals.
- Process map was developed and the team outlined change ideas/interventions
- QI interventions will be trialed, effectiveness assessed, and spread, stopped or modified accordingly.
- Conducting retrospective audit of charts on a monthly basis to assess for completion of referrals and quality of communication between PCPs and specialists.
- Also conducting a survey to assess patient/parent experience of care with the recent referral

METHODS/APPROACH: IHI Breakthrough Series Collaborative



OUTCOMES/EVALUATION STRATEGY

Performance Metrics:

- Percent of audited referrals that contain a clear a question for the specialist to answer;
- Percent of audited specialist charts that contain the answer to the PCP's referral question and standardized elements of the consult letter (diagnosis, management, follow-up)
- Percent of audited referrals that had a failure to complete the referral within 90 days
- Percent of families referred who report that they understood the reason for referral, the diagnosis and the care plan before and after the visit.
- We will test the differences in the measures outlined above pre-and post-intervention

QI INTERVENTIONS

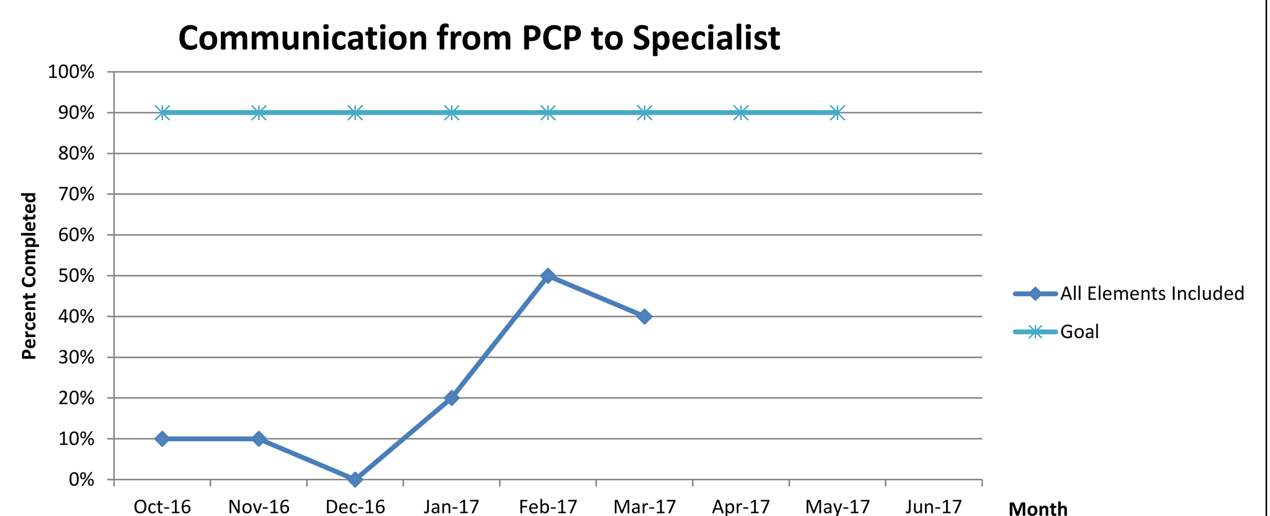
Communications Between Providers

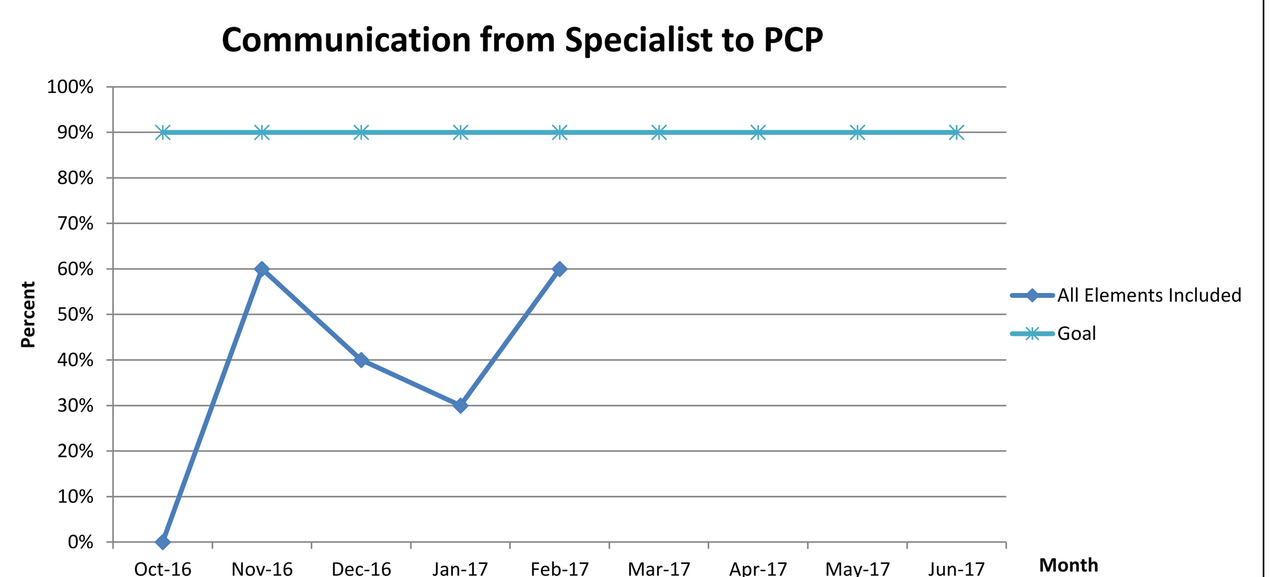
- Linking referral order to appointment in EPIC
- Standardizing communication templates
- Updating contact information for referrals
- Updating after visit summary with specific language about referrals

Improving Communications with Families

- Glossary of subspecialty terms
- Patient/Family Education Materials

PRELIMINARY RESULTS





CONCLUSIONS & POTENTIAL IMPACT

- Modest improvements noted in communication between primary care providers and subspecialists
- Continue data collection on communication and patient experience
- **Potential Impact**: 1) Improving this care transition will optimize communication between primary care provider and specialists and patients and families and 2) improve health outcomes

DREXEL UNIVERSITY
Executive Leadership in Academic Medicine
College of Medicine

Presented at the 2017 ELAM® Leaders Forum