

DOM Clinical Update

October 19, 2009

DOM eReferral Project

Issues with Current Referral Process:

- Cumbersome – Lots of Rework (faxing, calling)
- No Standardization – Several different processes
- Insufficient Tracking
- Inadequate information provided to Specialist
- Specialty Feedback not always provided to Referring Provider

eReferral CHC→DOM

Addressing the Referral Challenge:

Implement an eReferral System that...

- Leverages the CIE (Clinical Information Exchange)
- Integrates with current physician workflow and EMR
- Centralizes and optimizes the work of the referral coordinators
- Enhances communication and enables **electronic** information exchange between PCP and specialist
- Tracks referrals and facilitates lifecycle completion
- Strengthens network

Utilization Stats

eReferral Current Stats:

CHC Location	Go-Live Date	Total # of Referrals	BMC-DOM Referrals	Non-DOM Referrals
Codman Square	5/13	1910	544	1366
Dorchester House	5/13	335	56	279
Greater Roslindale	6/3	220	88	132
Whittier Street	6/24	390	140	250
Mattapan	7/29	130	15	115
So. Boston	*8/5*	50	14	36
Harvard Street	8/10	80	47	33
So. End	8/20	380	92	288
BHCHP	9/15	230	64	166
East Boston	TBD			
Uphams	TBD			

Referral Management Tool

Referral Tracker:



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IBM WebSphere Portal - Microsoft Internet Explorer

Address: http://ereferal/vps/myportal;jsessionid=00000pxBezLwMFzCikx0bwEhqmS:1423mfmcuc

BOSTON MEDICAL CENTER
EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Log Out

Referral List | Referral Details | Referral Search | Referral Reports

Referral Demographics
You must select a patient to view this portlet.

Referral List

All Referrals (4325) Appx within 1-2 days (54) Referrals to Outside Clinics (3542) Clinic/Specialty: All My Clinics Status to filter on: Display All

New Referrals (504) Appx within 3-7 days (112) No Show (68) Status: Display All

Unscheduled (2256) Visit took place within last two weeks (48) Update List

Appx Today (48) Specialist report ready (59)

Last Updated: 10/13/2009 09:03

Priority	Ref. Date	Name	MRN	From	To	Ref Status	Auth	Appt.	Appt. Date	Spec.	Spec. Note	SC Ack	RC/SC Note
<input type="checkbox"/> Normal	07/20/2009	ALLEN, TONIA	421854	Whittier	Rheumatology - General	Submitted	Obtained	Scheduled	09/01/2009 03:00 PM	LAFYATIS, ROBERT	Incomplete	✓	
<input type="checkbox"/> Normal	07/29/2009	AUGUSTE-PROU, ROSEMARY	00012496	Codman	Rheumatology - General	Submitted	Not Required	Confirmed	08/28/2009 02:40 PM	WASSERMAN, AMY	Incomplete	✓	
<input type="checkbox"/> Normal	07/28/2009	LACOUTURE, LEON	00073343	Codman	Rheumatology - General	Submitted	Not Obtained	Completed	08/28/2009 10:20 AM	WASSERMAN, AMY	Incomplete	✓	
<input type="checkbox"/> Normal	07/28/2009	CASEY, SHAMEAKA	00005445	Codman	Rheumatology - General	Submitted	Not Required	Confirmed	08/17/2009 09:00 AM	PAUL MONACH	Incomplete	✓	
<input type="checkbox"/> Normal	07/27/2009	LAVENTURE, MARE	00050390	Codman	Rheumatology - General	Submitted	Not Required	Confirmed	08/20/2009 08:00 AM	AMY WASSERMAN	Incomplete	✓	
<input type="checkbox"/> Normal	07/27/2009	BROOKS, GLEODENIA	00027183	Codman	Rheumatology - General	Submitted	Not Required	Confirmed	09/08/2009 02:00 PM	ROBERT SIMMS	Incomplete	✓	
<input type="checkbox"/> Normal	07/24/2009	BURKE, AUDREY	00010658	Codman	Rheumatology - General	Submitted	Not Required	Confirmed	08/24/2009 03:00 PM	ROBERT LAFYATIS	Incomplete	✓	
<input type="checkbox"/> Normal	07/23/2009	ALEXANDER, LISA	00073627	Codman	Rheumatology - General	Submitted	Not Required	Confirmed	08/10/2009 02:00 PM	ROBERT LAFYATIS	Incomplete	✓	
<input type="checkbox"/> Normal	07/22/2009	LESEE, WENDY	00051472	Codman	Rheumatology - General	Complete	Not Obtained	Completed	08/19/2009 04:20 PM	AMY WASSERMAN	Completed	✓	
<input type="checkbox"/> Normal	07/22/2009	SCOTT, CARLTON	00030913	Codman	Rheumatology - General	Submitted	Not Required	Confirmed	08/18/2009 04:20 PM	AMY WASSERMAN	Incomplete	✓	

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Print Referral Report Referral Refresh Print Referral

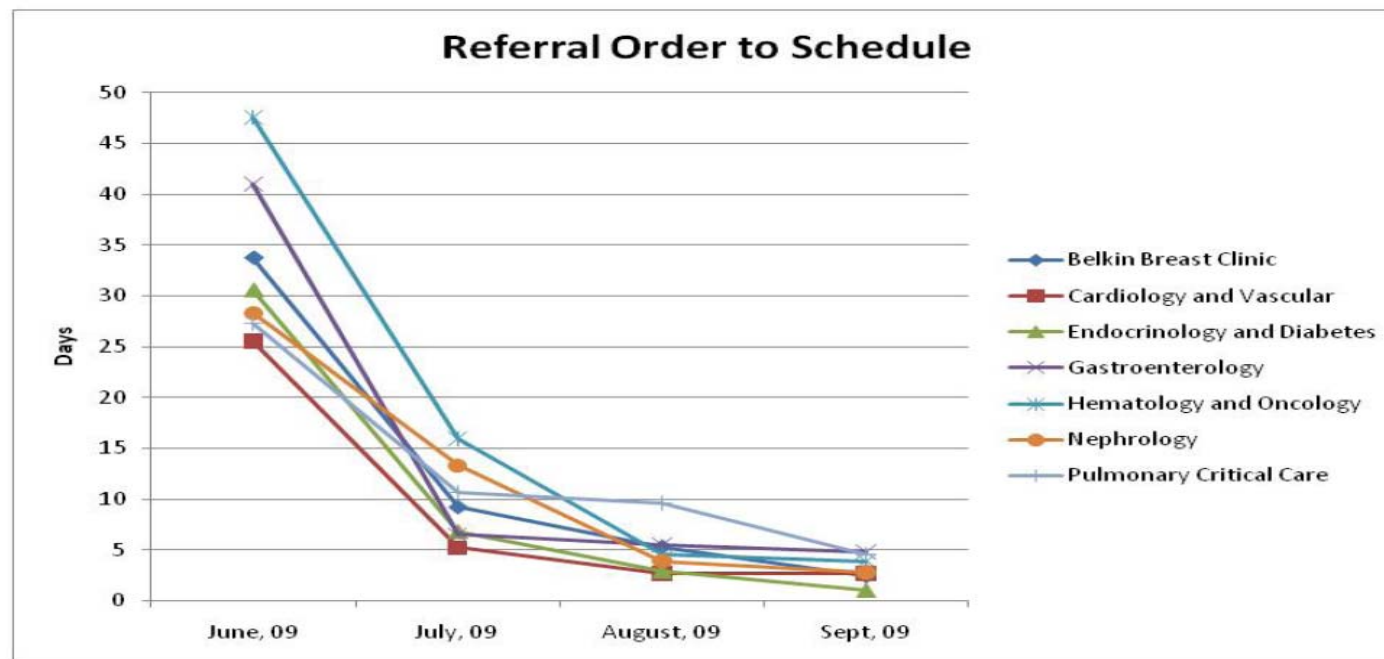
http://ereferal/vps/myportal;jsessionid=00000pxBezLwMFzCikx0bwEhqmS:1423mfmcuc#

Local intranet

Referral Process Improvement

BMC-DOM Statistics:

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Feedback

CHC Referral Coordinator Quotes:

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- “We realized there were internal processes in place that weren't efficient. The portal is proving that.”
- “I like the Portal, I just wish it was used by all BMC clinics. It would make my job a lot easier.”
- “Referrals don't get lost – everything is trackable and no faxing and refaxing is needed. A lot less paper.”
- “You can send a note to the BMC clinic and get a note back without needing to call”.
- “The BMC clinic gets back to you with the referral information and you don't have to worry if the patient got scheduled or not.”
- “Saves me time by not faxing.”
- “BMC Clinics are making the referrals a lot quicker with the new process.”

eReferral Rollout...BMC wide

eReferral Portal – Future State

- **Expand eReferral Management System across BMC**
 - CHCs referring to all BMC specialty clinics
 - BMC referring to BMC specialties and to the CHCs
- **Patient Communicator Function**
 - Auto Reminders: text, email, voice (BMC DOM currently)
- **Smart Referrals: Rule-based referrals that ensure referral requirements for a particular department/clinic are met.**

Thanks To Julie Hopkins-White for her slides

Patient Keeper

- Roll out complete
- Looking at Inpatient Consults alone
 - Charge Lag from 30-37 days in 2008
 - Charge Lag 7-10 days current quarter 2009
 - July-Sept 2008 vs 2009
 - 49% increase in Charges
 - 14.5% increase in Payments

Patient Keeper

- Reminder...
 - Enter charges daily in Patient Keeper—best practice
 - All charges for inpatient service must be completed within 3 days of end of rotation (inpatient or consult) to receive % effort credit
 - Part of incentive plan for 2010...must have average charge lag <9 days overall (inpatient and outpatient)

Patient Keeper

- Starting trial for Geriatrics Home Care and Nursing Home billing
- Starting trial for Gastroenterology –clinic and procedure billing

DOM Quality Council

- PCP Communication on Inpatient Admission
 - Worked to improve PCP identification process with Case Management, House staff education, Attending education
 - Still working to improve documentation process
 - Baseline Data June 2009... 40% of PCP's notified of patient admission
 - July/August 2009...

DOM Quality Council--Inpatient

- UHC Mortality Data Review
 - Review of all deaths on Medicine Service
 - Develop review tool
 - Identify common themes, process improvement strategies
 - BMC working on coding improvement to accurately reflect co-morbidities and risk adjustments..."expected" death rate

DOM Quality Council--Outpatient

- CMS metrics for quality reporting...Patient Quality Reporting Initiative (PQRI)
 - Using these as potential targets for practice wide quality initiatives in outpatient practices
 - Goals:
 - Relevant—Looking for metrics with large clinical impact to our patients
 - Room for Improvement—looking for an area that we have room to improve the quality of care
 - Data Extractable—data for measurement can be obtained through the data warehouse
 - Implement an Improvement Strategy—process that is able to modified

Clinic Cancellation

- **DOM Expectations**

- At least 90 days notice for all “elective”—vacation, cme, planned educational activities—less than 90 days must be made up with a clinic session 2 weeks before or after the leave and approved by CD
- Anything cancelled within 30 days except for emergency sick leave—must be approved by VC for Outpt
- Sick leave >12 days—Vice Chair Outpt must be notified

Clinics while on Inpatient

- No AM clinics when on Inpatient Attending service—Medicine or ICU's
- Maximum 2 clinics in pm while on inpatient service