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

BOSTON MEDICAL CENTER
EXCEPTIONAL CARE. WITHOUT EXCEPTION.

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eReferral CHC→DOM

Addressing the Referral Challenge:

BOSTON MEDICAL CENTER
EXCEPTIONAL CARE. WITHOUT EXCEPTION.

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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
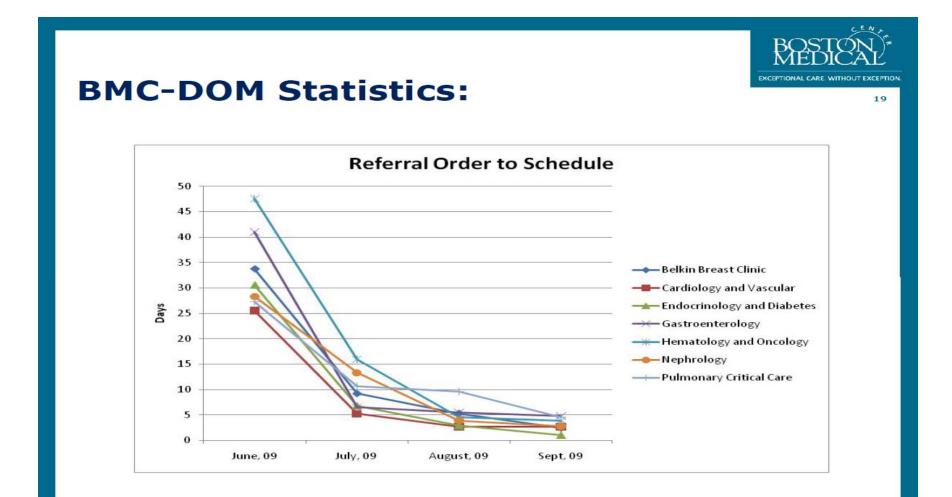- Strengthens network

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 Process Improvement

Feedback

CHC Referral Coordinator Quotes:

- "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 <u>daily</u> 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