Use Case Summary

Use Case Name:	ReferralsPlus™
Sponsor:	None
Date:	March 9, 2020

Executive Summary

This brief section highlights the purpose for the use case and its value. The executive summary gives a description of the use case's importance while highlighting expected positive impact.

A person's needs are often interconnected, but our health care and social service systems are often fragmented and siloed. When a person is identified with a medical, behavioral, financial, social or community related need the organization involved in the person's care should be able to efficiently and easily refer the person to another organization that can assist in coordinating care to meet that need.

Referrals must be securely and efficiently delivered, tracked and managed in a way that is actionable for the sending and receiving organization. The communication and workflow for each referral must also be efficient and effective in order to meet the needs of the individual in need of the referral. An electronic exchange of referrals through an Interconnected Referral Network (IRN) can help improve the quality, efficiency, and cost of healthcare. An IRN also allows for a broader net and more inclusive care for the patient regardless where they seek services.

Purpose of Use Case: The Referrals use case supports organizational workflow improvements by helping to securely communicate and manage referrals to any organization throughout the care continuum involved in the coordination of care and a person's overall wellbeing.

Overview

This overview goes into more details about the use case.

The coordination of care across the healthcare continuum can be very challenging and can have a negative impact on healthcare costs as well as patient care if referrals are not received or coordinated in an efficient and timely manner. In today's environment, making referrals for coordination of care is often managed within an Electronic Medical Record (EMR) system or a manual process – involving phone calls and faxes. Some EMRs provide the ability to generate and manage referrals within the EMR; however, if an organization attempts to coordinate a referral to anyone outside of the EMR system, the information is typically sent via fax even though the information is generated from the EMR. In addition, there is no automated mechanism to confirm that the receiving organization obtained the fax. This manual process creates gaps in care, limits efficient and effective collaboration and can have a negative impact on healthcare costs and care.

Electronic referral systems have improved the quantity, tracking and quality of a referral. They have also guided pre-visit work-ups, increased the number of referrals and are associated with a high degree of satisfaction by physicians in many settings. Utilizing an electronic referral system has provided cost savings by reducing wait times for new appointments and unnecessary referrals or follow-up. Offices have also noted a reduction in missing or incomplete information, thus avoiding additional phone time between the two organizations."[1,2]

To ensure that the person receives the needed care, the referral should be well coordinated through an IRN to confirm that the referral may include the following but is not limited to:

- Is received and acted on in a timely manner
- Meets criteria for the receiving organization's mission
- Denotes the level of urgency for the referral
- Includes all needed information to expedite the referral process
- Tracks all activity, status and communication in real-time between care providers

The data exchange in the referral may include, but is not limited to selected and relevant Protected Health Information (PHI) and supporting documentation to expedite the referral process for the individual.

The intended audience for this use case includes any organization that wants to send or receive electronic referrals to other organizations involved in coordinating care for an individual through an IRN. These include, but are not limited to:

- Behavioral Health
- Community Mental Health
- Community/Social Organization
- Diagnostic Facility
- Durable Medical Equipment
- Federal Qualified Health Center
- Health Department
- Health Plan
- Home Health
- Hospice

- Hospital
- Medical Practice
- Provider Organizations
- Rehabilitation
- Skilled Nursing
- Specialty Clinics

Persona Story

To explain this use case, this section follows a persona example from start to finish.

Dr. Charles Sun

Dr. Charles Sun is one of the few general practitioners in his small town and likes the connection it gives him to his patients. Everyone knows him as "Doc" and in a short time he has earned the respect and friendship of many in the community. When he first arrived in the town as part of a physician loan forgiveness program, he never would have guessed he would want to stay. Now it's been three years, and he cannot imagine being anywhere else.

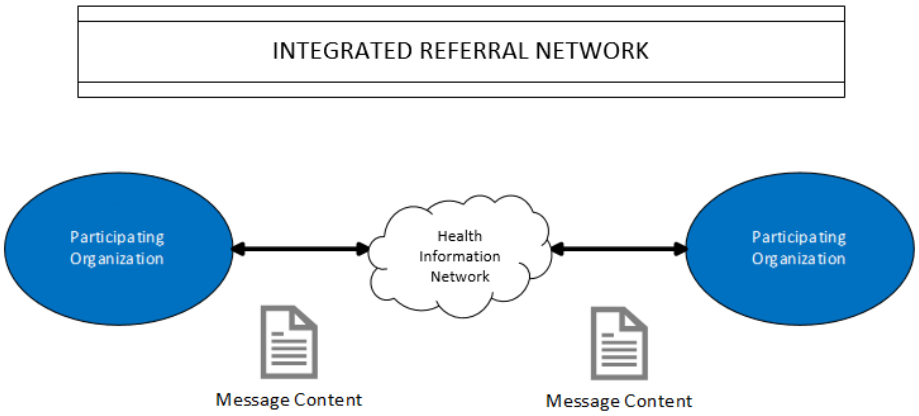
One of the things Dr. Sun is known for is always trying the latest healthcare technology or innovation. He always loves to share stories with his patients about how he is working on providing an exceptional healthcare experience on their behalf. His patients love to know that their doctor has his head in the game and their best interests in his heart.

Recently, Dr. Sun has been working with a health information exchange to find new ways to speed up processes around his office to help improve the care he provides and maybe even save a little money.

Dr. Sun has become very concerned about the amount of time his staff spend making a referral on a patient. This includes having to resend documentation to the receiving office, the long wait times on the phone or having to redirect a patient to another organization after finding out that the patient didn't meet the receiving organization's criteria. Plus, he is frustrated on behalf of the patient when the referral process takes too long. By implementing the Referrals Use Case and joining in an IRN, Dr. Sun's Referral Coordinators have already noted how much time they have saved by not re-faxing information or spending time on the phone with the other office.

Diagram

This diagram shows the information flow for this use case.



1. A participating organization sends referral message content to HIN
2. HIN receives the referral message content and sends the referral to end recipient (participating organization)
3. HIN receives the referral message content update and may send the update back to the data sharing organization as determined.

Regulation

This section describes whether this use case is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.

Legislation/Administrative Rule/Directive:

☐ Yes
☐ No
☒ Unknown

Meaningful Use:

☒ Yes
☐ No
☐ Unknown

Cost and Revenue

This section provides an estimate of the investment of time and money needed or currently secured for this use case.

Costs

The project financially covers the following components:

- Development and maintenance of the implementation and user guides
- Technical development and maintenance at MiHIN
- Training
- Participant development and implementation to onboard for this use case

Revenue

Significant cost savings are anticipated based on faster, more efficient referral workflow.

Implementation Challenges

This section describes the challenges that may be faced to implement this use case.

Implementation challenges associated with this use case include the process of working with the appropriate channels in large organizations to install an electronic interconnected referral application on a server.

Organizations participating in this use case are required to onboard to the following use cases: Active Care Relationship Service, Common Key and Health Directory.

Vendor Community Preparedness

This section addresses the vendor community preparedness to readily participate in the implementation of this use case.

None

Support Information

This section provides known information on this support for this use case.

Political Support:

☐ Governor
☐ Michigan Legislature
☐ Health Information Technology Commission
☐ Michigan Department of Health and Human Services or other State of Michigan department
☐ CMS/ONC
☐ CDC
☒ MiHIN Board

Other:

None

Concerns/Oppositions:

None

Sponsor(s) of Use Case

This section lists the sponsor(s) of the use case

None

Metrics of Use Case

This section defines the target metrics identified to track the success of the use case.

- The number of sent/received referrals per month
- The number of referrals sent in and out of network

Other Information

This section is provided to give the sponsor(s) an opportunity to address any additional information with regard to this use case that may be pertinent to assessing its potential impact.

[1]Yeuen K, Chen A, Keith E, et al. Not perfect, but better: primary care providers' experiences with electronic referrals in a safety net health system. J Gen Intern Med. 2009;24(5):614–619. doi:10.1007/s11606-009-1087-5 [PMC free article] [PubMed] [CrossRef] [Google Scholar]

[2]Azamar-Alonso, A, Costa, A, et al. Electronic referral systems in health care: a scoping review. Published on line May 6, 2019 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6511625/#CIT0013