Clarivate™

Healthcare Business Insights™

2022 Fall member retreat

Treating referral as the first impression

Angela Pettigrew
Director, Provider Connect

Texas Children's Hospital

About the speaker

Angie Pettigrew
Director, Provider Connect
Texas Children's Hospital

- Angie Pettigrew currently serves as Director of the Provider Connect team at Texas Children's Hospital. The Provider Connect team is focused on enhancing the referring provider experience for the 8,000+ external providers whose patients receive care at Texas Children's each year.

- Her team supports centralized referral intake, a provider priority phone line, interoperability tools, process improvement related to referring providers, and provider outreach.

- She has been with Texas Children's Hospital for 15 years, with the majority of her time at Texas Children's dedicated to leading projects and process improvement initiatives.

- She is passionate about improving quality, access and customer service in pediatric healthcare, has a Masters in Healthcare Administration, and is a Certified Public Accountant who worked for PricewaterhouseCoopers before joining Texas Children's.
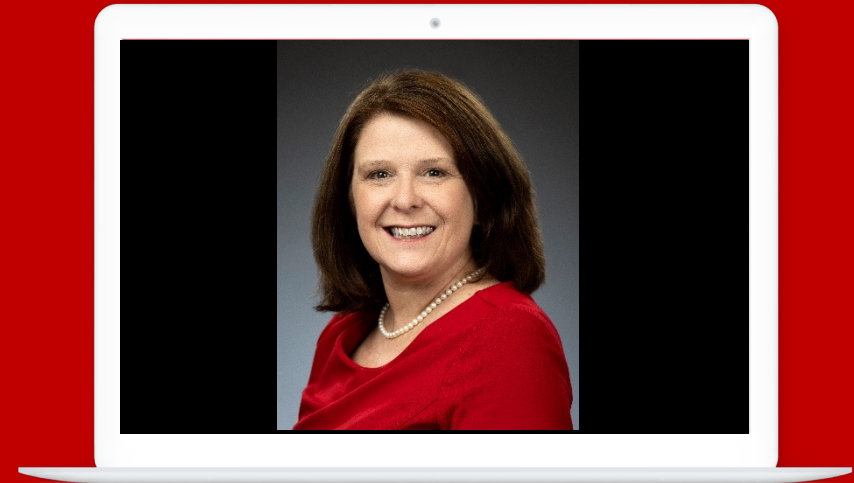
Angie loves traveling and spending time with her husband, two teenage daughters, family and friends.

Learning objectives

1. Understand the role a referral plays in making the first patient impression

2. Identify process improvement tools that can be utilized to enhance the referral experience

3. Uncover strategies for optimizing the effectiveness of various referral process improvements

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Agenda

1. Intro to **Texas Children's Hospital** and **Provider Connect**

2. Why focus on referrals and referring providers

3. Referral process redesign

4. Launch of the Provider Connect Team

5. Additional benefits and lessons learned

6. What's next

Intro to Texas Children's Hospital and Provider Connect

Texas Children's Hospital

- Located in:
  - **Houston, TX**
    (4th largest city in the country)

  - **Texas Medical Center**
    (the largest "medical city" in the world)

- **Ranked in top 10** for all US News and World Report specialties

- **#1 for Cardiology and Heart Surgery**

- **#1 for Pulmonology**

Texas Children's FY21 overview

897
Beds
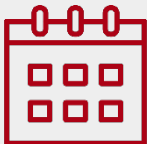
13,691
Employees

3,691
Nurses

4.1M
Encounters

242,854
Patient days

34,777
Admissions

40,753
Surgeries
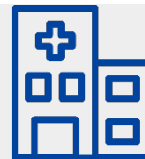
725,617
Clinic visits
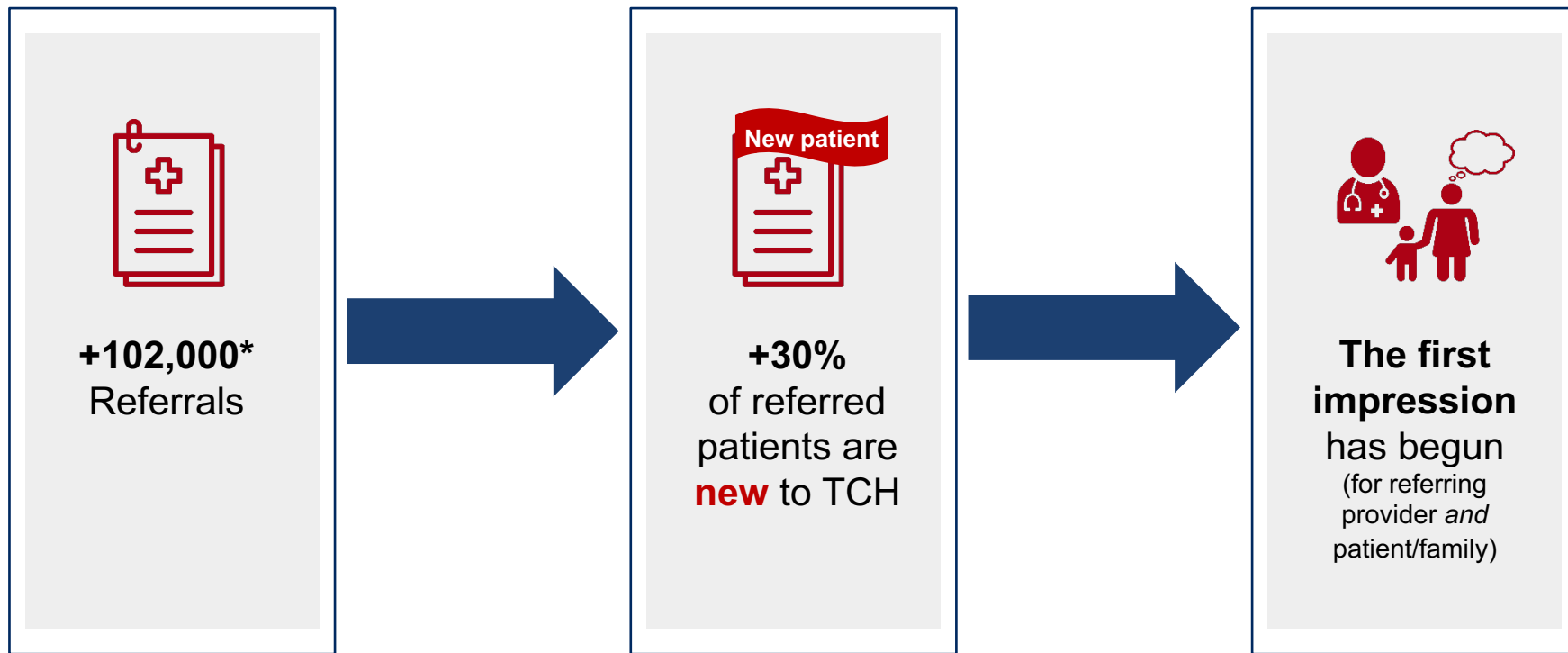
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FY21 incoming referrals from external providers

+102,000*
Referrals

+30%
of referred patients are **new** to TCH

New patient

The first impression has begun
(for referring provider *and* patient/family)

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Provider Connect team

Launched in January 2019, the primary focus of the department is to: *optimize the external and referring provider experience*

Ensure:

- Outstanding service standards
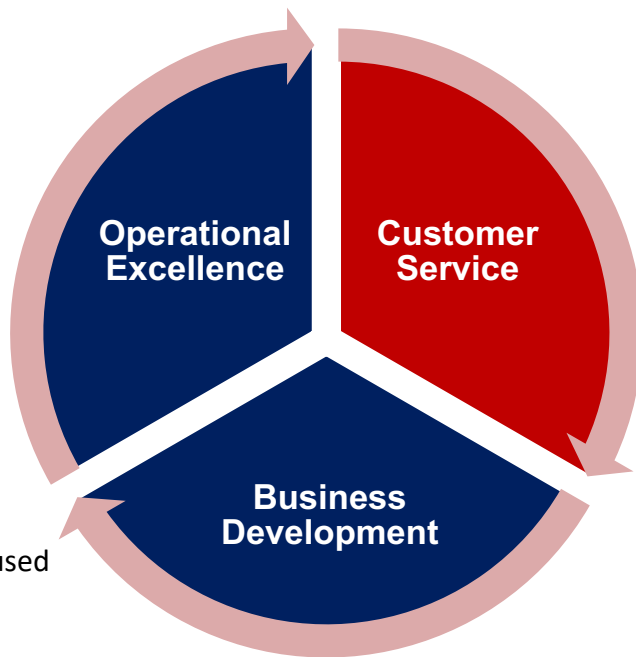- Up-to-date digital connection, including EpicCare Link
- Accurate external provider information (directory, patterns)
- Organizational focus and accountability
- Accurate, reliable processes

Integrate with and influence customer-focused business development activities (liaisons, business development specialists)

Provide:

- One contact number!
- First-time issue resolution, with connection to appropriate resource when needed
- Digital connection questions and training
- Support for referral liaisons
- Demographic updates for external providers

Operational Excellence

Customer Service

Business Development

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Why focus on referrals and referring providers

The Customer Experience . . . is the sum of all **interactions** a customer has with a company . . . . everything from a customer's initial awareness or discovery of a company, product or service, through the purchase and use of that company's products or services. Together, these **all add up** to the critical moments – or **touchpoints** - that create an . . . overall customer experience.
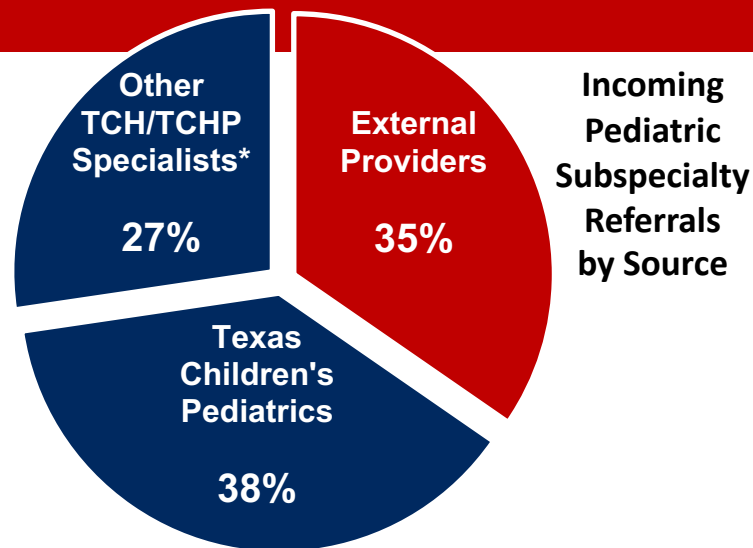
Why focus on referring providers?

In FY19, external referring providers submitted 35% of pediatric subspecialty referrals

- Major referral source

- Part of patient's care team

- *Must provide an excellent patient and referring provider experience to retain business*

Incoming Pediatric Subspecialty Referrals by Source

Other TCH/TCHP Specialists*
27%

External Providers
35%

Texas Children's Pediatrics
38%

*Referrals from TCH departments, TCUC, and TCHP

11

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Baseline referring provider feedback *(pre-2019)*

External Referring Providers

> *My referrals are always getting lost!*

> *I **do not trust** that TCH is actually responding to the referral when I fax it as requested. I am always asked to submit it again.*

> *I've submitted the referral multiple times, but every time my patient calls to schedule, they are told that **no referral has been received.***
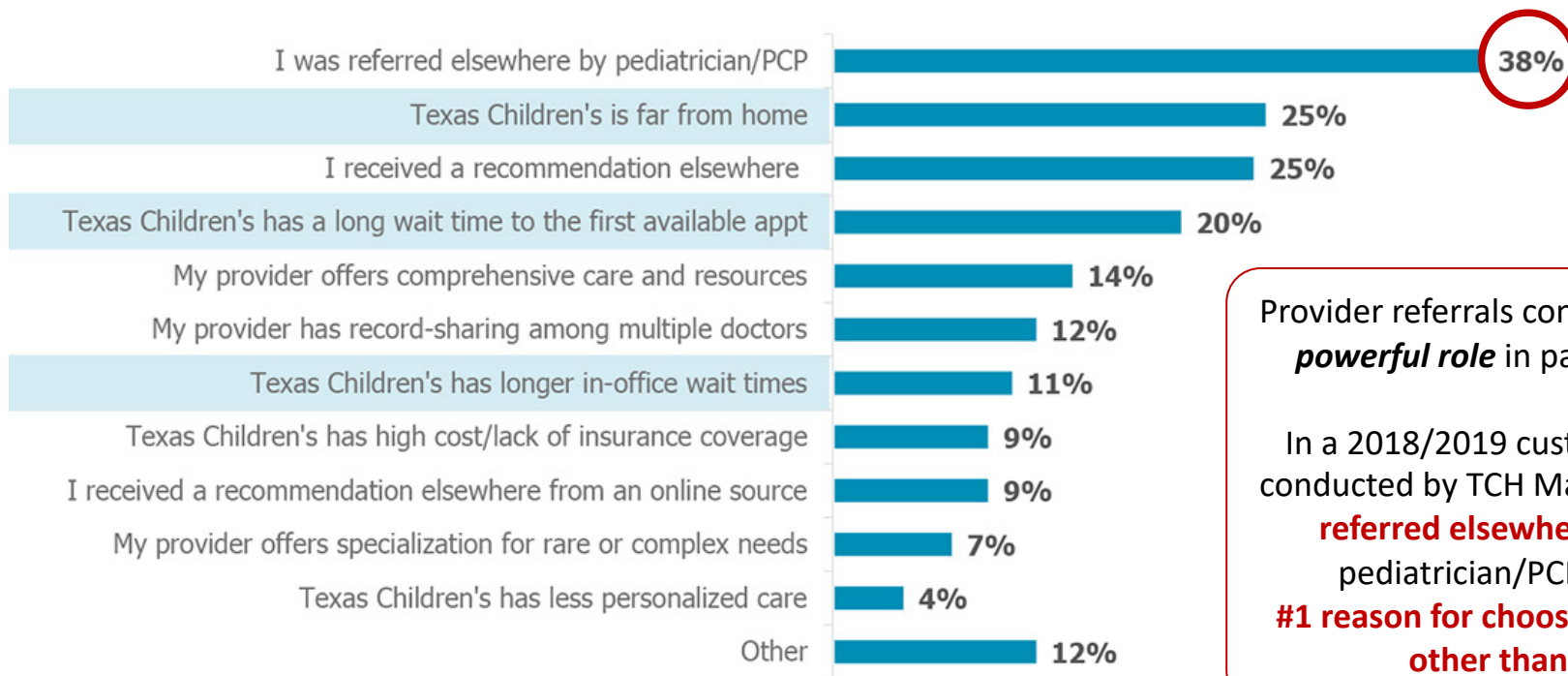
This feedback was consistently voiced as **the #1 complaint** from referring provider partners.

Action was needed to:

- Implement accurate, reliable processes
- Retain referring provider business
- Regain referring provider trust
- Retain patient confidence

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Factors influencing patient choice *(pre-2019)*

Reason for selecting a provider other than Texas Children's

I was referred elsewhere by pediatrician/PCP	38%
Texas Children's is far from home	25%
I received a recommendation elsewhere	25%
Texas Children's has a long wait time to the first available appt	20%
My provider offers comprehensive care and resources	14%
My provider has record-sharing among multiple doctors	12%
Texas Children's has longer in-office wait times	11%
Texas Children's has high cost/lack of insurance coverage	9%
I received a recommendation elsewhere from an online source	9%
My provider offers specialization for rare or complex needs	7%
Texas Children's has less personalized care	4%
Other	12%

Provider referrals continue to play a ***powerful role*** in patient choice

In a 2018/2019 customer survey conducted by TCH Marketing, **being referred elsewhere** by their pediatrician/PCP was the
#1 reason for choosing a provider other than TCH

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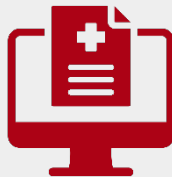
Referral process redesign

Referral process redesign

*To enable and sustain reliable referral processes, we initiated projects to **standardize** and **streamline** the following referral components …*
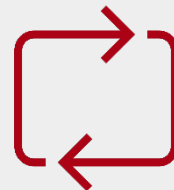

1. Referral order

2. Referral webpages

3. Referral intake to EMR

4. Patient scheduling instructions

5. Automatic communications

1. Referral order redesign

Baseline	Improvements
X Lengthy and cumbersome referral order criteria	Streamlined order questions – Moved to brief, focused, clinical reasons for consultation – Removed questions unrelated to patient care – Optimized use of cascading, radio button selections vs. free text fields
X Many specialties lacked identifiable pathway for external providers to refer	✓ Ensured each specialty had an internal Epic referral order and external-facing PDF or online form
X Incongruent questions asked to internal vs. external referring providers	✓ Modified so that internal and external referral order questions matched

Providers should be able to complete and submit the referral in **less than 1 minute**

All providers (internal or external) should have a **way to refer** to the specialty

Same questions allow all referral orders to be entered into and worked from the EMR

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Example: Online referral forms

Allow for standardized referral submittal process across specialties

~90% of pediatric referrals are submitted through online forms

Forms contain the questions needed to:
- Ensure correct **patient** is identified

- Ensure correct **referring provider** is identified

- Ensure **reason for consultation** and other order-specific questions **mimic** the selections within the **Epic** referral order

- Contain information needed for timely, accurate **triage and scheduling**

2. Referral webpage redesign

Baseline	Improvements
✗ Difficult to locate each specialty's referral pathway on TCH website	✓ **Refer a patient** option located directly on homepage *and* linked on every specialty's Services webpage
✗ Missing, inconsistent, or confusing referral instructions across specialties	✓ Streamlined referring provider instructions across most specialties
✗ No referral form published	✓ Online forms or PDFs published for most specialties
	✓ **Need Help?** section published on each referral webpage
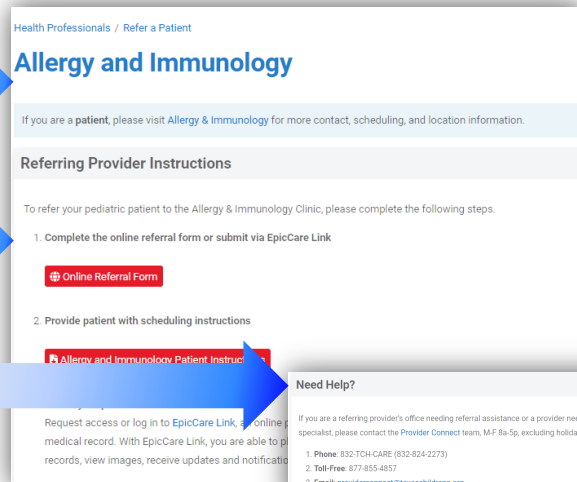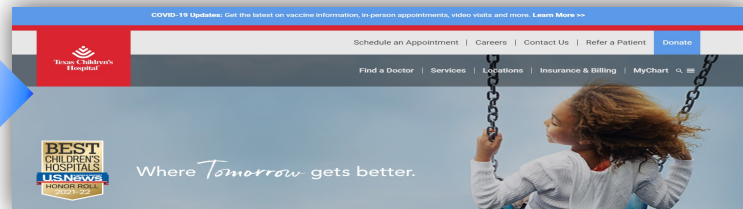
3. Referral intake to EMR

Baseline	Improvements
✗ Inconsistent, delayed, or no transcription into EMR	✓ Implemented a centralized referral intake team
	✓ Established service-level standards for referral entry
✗ De-centralized teams frequently skipping creation/ update of referring provider records	✓ Established processes to ensure accurate creation/ update of referring provider records
✗ Only the person that received the referral was aware of its existence	✓ Transcription into EMR allows visibility across the system
	✓ Implemented routing rules & referral workqueues; trained users to best practices

Centralized transcription creates **consistency and reliability** in intake and **eliminates "lost" referrals**

Ensures accurate referring provider is **listed** as the ordering provider in EMR

Aligned with Epic's **best practice** recommendations

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4. Creation of patient scheduling instructions

Baseline	Improvements

X Patients were uncertain of the number to call to schedule an appointment and were also unaware of the locations at which they could schedule an appointment with their referred-to specialty	✓ **Patient instruction** documents created to include scheduling phone numbers and locations of care
	
	✓ Patient Instructions made available to patients referred by both internal and external providers
	  – Automatically printed on AVS at time of referral (internal)
	  – Published in referring provider instructions on referral webpages (external)

Your referral to Texas Children's Hospital: Allergy and Immunology

Texas Children's Hospital

Your doctor has referred your child to a pediatric allergy and immunology provider at Texas Children's Hospital. For your convenience, our allergy and immunology providers see patients at multiple locations and **may offer video visits for certain conditions**.

Select visit types may require review by our team before scheduling can occur, but **many visit types can be scheduled using your Texas Children's MyChart account**.

If you do not have a MyChart account for your child, prefer to make an appointment over the phone or would like to check on the status of your referral, please call:
- **Houston area**: 832-822-2778 (Mon. – Fri., 7 a.m. – 7 p.m. or Sat. 9 a.m. – 2 p.m.)
- **Austin area**: 737-220-8200 ((Mon. – Fri., 8 a.m. – 5 p.m.)

Thank you for allowing us to care for your child.

Allergy and Immunology Locations

Texas Children's Hospital Medical Center, Houston, TX
Texas Children's Hospital West Campus, Katy, TX
Texas Children's Hospital The Woodlands, The Woodlands, TX
Texas Children's Specialty Care Kingwood Glen, Humble, TX
Texas Children's Specialty Care Austin, Austin, TX

Learn more about our allergy and immunology providers, services and locations at:

Greater Houston area: texaschildrens.org/allergy
Austin: texaschildrensspecialtycareaustin.org/allergy-immunology

*Information is reviewed by operational leadership on a quarterly basis to maintain accuracy of scheduling phone numbers and locations

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5. Implementation of automatic communications

Baseline	Improvements
X Referring providers never notified if referral was rejected or not scheduled	✓ Implemented automatic communication to be sent to referring provider when: – Referral is rejected – Scheduling status is changed to Unable to Contact, Patient Refusal, or Scheduled Outside of TCH
X Referring providers did not receive consistent communication regarding findings/results of their patient's specialty visit	✓ At the close of the specialty visit, summaries are automatically sent to the PCP and referring provider associated with the patient's visit (for most specialties)

The message **proactively communicates** the reason the referral is not being scheduled as requested

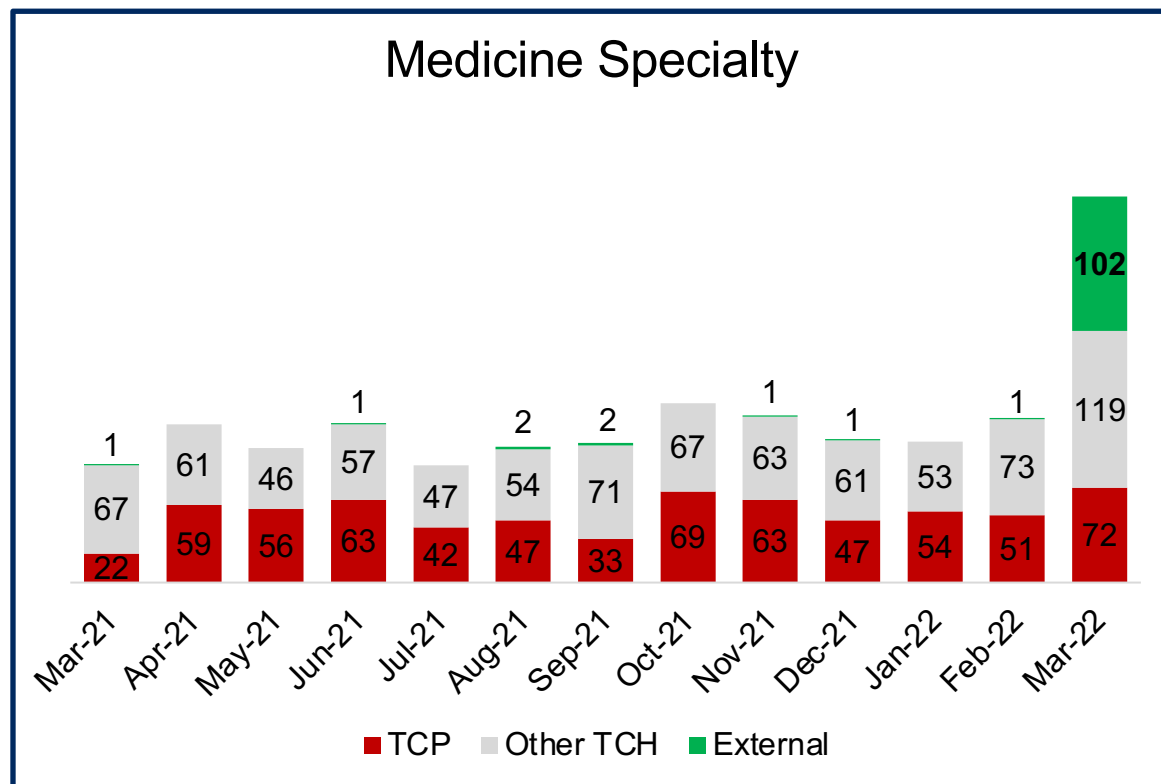"**Close the loop**"

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Example: Impact of referral redesign

Recent implementation of Referral Process Redesign led to immediate increase in referral volumes from all referral sources.

Background:

- **Clinic:** Medicine specialty

- **Go-live:** March 15, 2022

- Prior to referral redesign, specialty believed they were appropriately tracking incoming referral volumes from external providers and told us to expect **"a handful per week"** *(less than 20 per month)*

Medicine Specialty

Month	TCP	Other TCH	External
Mar-21	22	67	1
Apr-21	59	61	
May-21	56	46	
Jun-21	63	57	1
Jul-21	42	47	
Aug-21	47	54	2
Sep-21	33	71	2
Oct-21	69	67	
Nov-21	63	63	1
Dec-21	47	61	1
Jan-22	54	53	
Feb-22	51	73	1
Mar-22	72	119	102

Legend: ■ TCP ■ Other TCH ■ External

Launch of the Provider Connect team

Provider Connect team

LEADERSHIP TEAM

Drive strategic and operational enhancements focused on the referring provider experience and business development

PHONE LINE

Centralized number gives referring providers easy access to our resource team for first-time issue resolution

CENTRAL TRANSCRIPTION

Standardized referral process allows for consistent and trusted referral intake
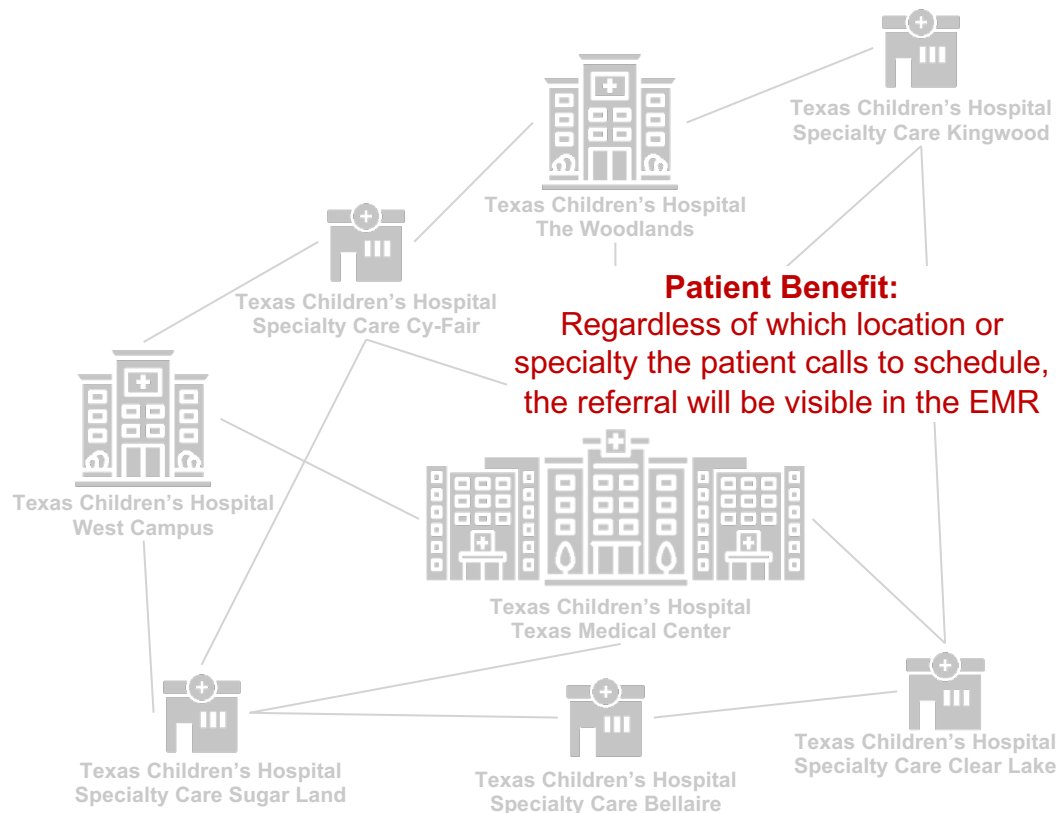
BUSINESS DEVELOPMENT

Physician liaisons build relationships, promote services and provide valuable education and information to referring providers

Launched in January 2019, Provider Connect is dedicated to optimizing the referring provider experience

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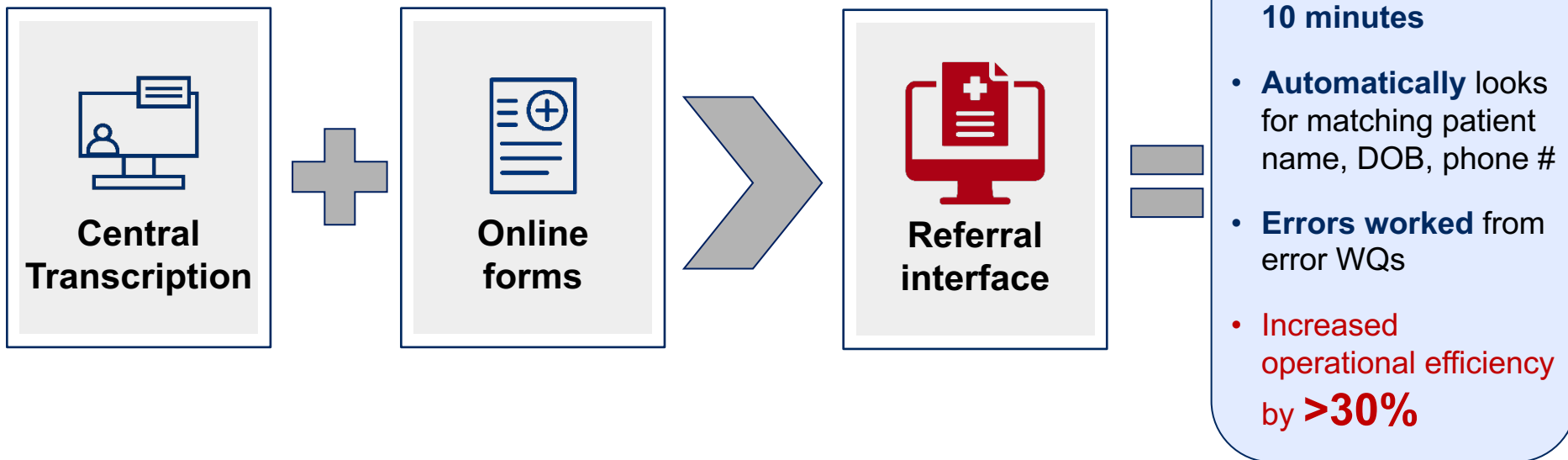# Central Transcription: Reliable referral intake process

Central Transcription allows for:

- **1 intake team** regardless of referred-to specialty or location

- **Consistent, reliable, timely** referral entry into TCH EMR

- **Cross coverage** so that referrals are not missed/backlogged

- Clinical teams to focus on **direct patient care** instead of referral entry

Texas Children's Hospital Specialty Care Kingwood

Texas Children's Hospital The Woodlands

Texas Children's Hospital Specialty Care Cy-Fair

Patient Benefit:
Regardless of which location or specialty the patient calls to schedule, the referral will be visible in the EMR

Texas Children's Hospital West Campus

Texas Children's Hospital Texas Medical Center

Texas Children's Hospital Specialty Care Sugar Land

Texas Children's Hospital Specialty Care Bellaire

Texas Children's Hospital Specialty Care Clear Lake

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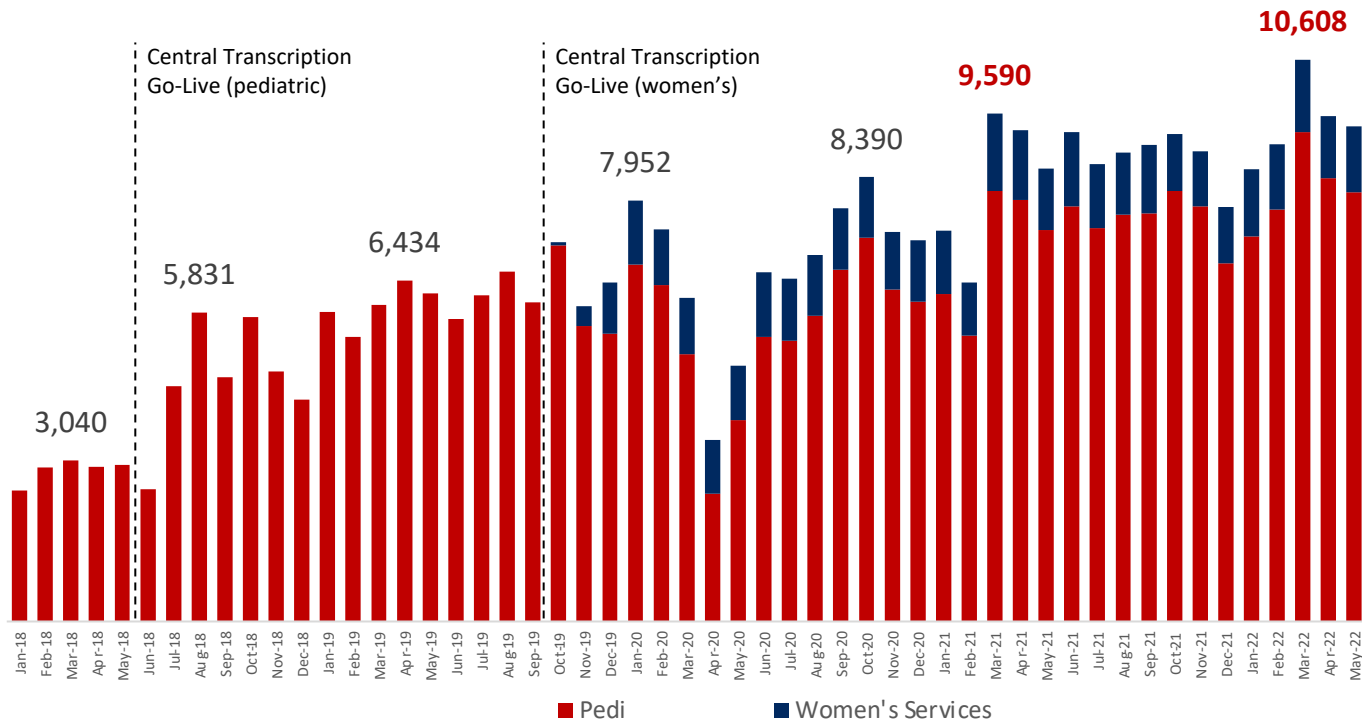
Referral intake synergy: Referral interface

Implementation of **Central Transcription** plus the creation of **online referral forms** allowed us to build a **referral interface** for automatic referral entry into Epic.
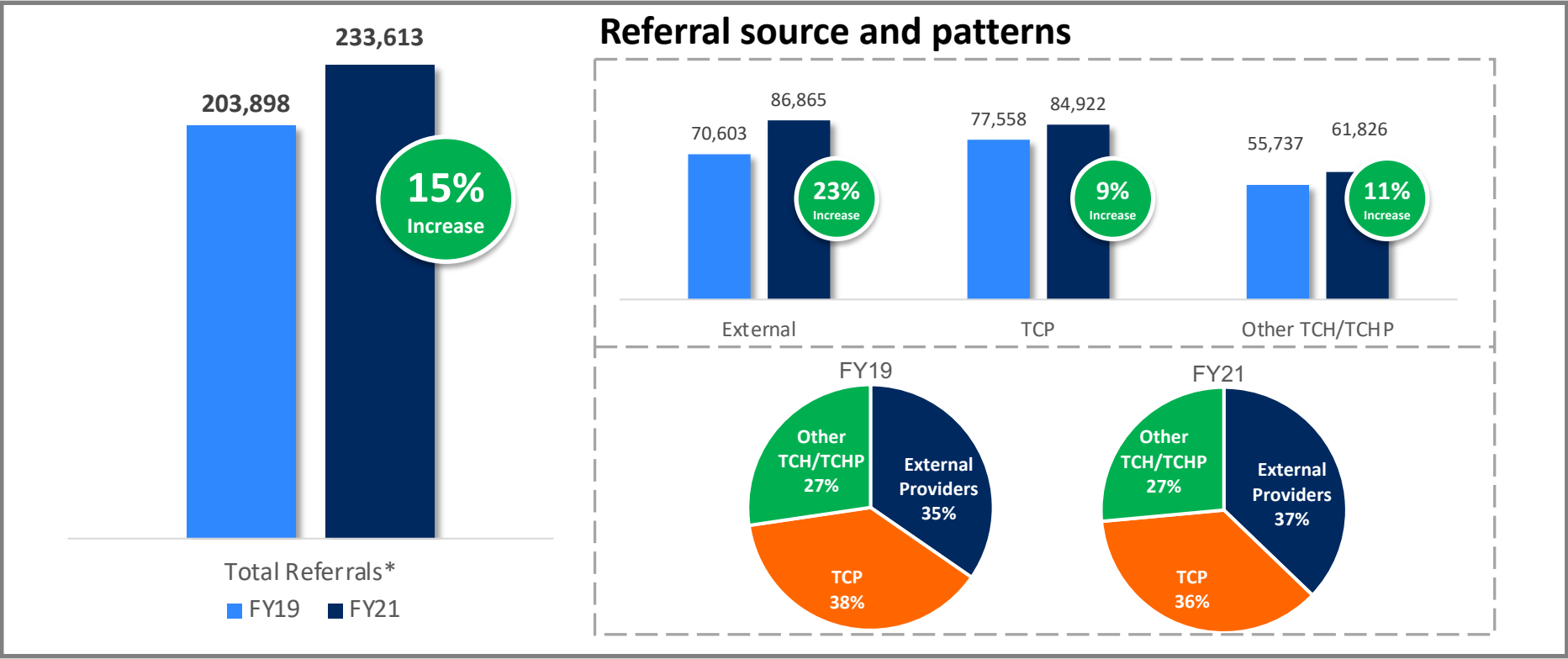

Central Transcription + **Online forms** > **Referral interface** =

- Interface runs every **10 minutes**

- **Automatically** looks for matching patient name, DOB, phone #

- **Errors worked** from error WQs

- Increased operational efficiency by **>30%**

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Central Transcription: Referral volumes

Incoming **referrals from _external_ providers** to TCH specialties continue to grow

- Support intake for **40+ subspecialty areas**

- **Comprehensive data** to support business development focus

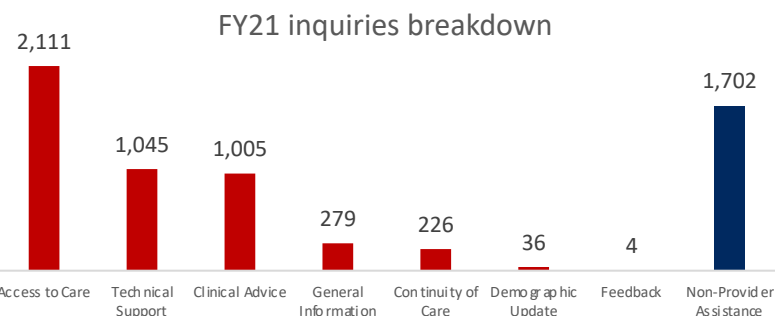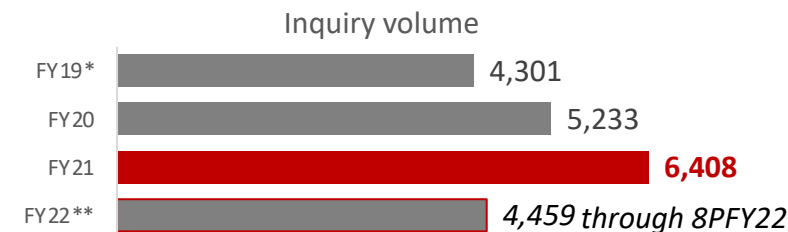- **March 2022**: Exceeded **10,000** referrals transcribed

Central Transcription Go-Live (pediatric)

Central Transcription Go-Live (women's)

3,040 · 5,831 · 6,434 · 7,952 · 8,390 · 9,590 · 10,608

Legend: ■ Pedi ■ Women's Services

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FY21 vs FY19 pediatric referrals by source

Referral source and patterns

233,613

203,898

15% Increase

Total Referrals*

■ FY19 ■ FY21

External: 70,603 / 86,865 — 23% Increase

TCP: 77,558 / 84,922 — 9% Increase

Other TCH/TCHP: 55,737 / 61,826 — 11% Increase

FY19
- Other TCH/TCHP 27%
- External Providers 35%
- TCP 38%

FY21
- Other TCH/TCHP 27%
- External Providers 37%
- TCP 36%

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Provider Connect phone line: FY21 summary

Supports referring providers and their office staff

Quick Stats

Inquiry volume

FY19*	4,301
FY20	5,233
FY21	**6,408**
FY22**	*4,459 through 8PFY22*

FY21 inquiries breakdown

Access to Care	Technical Support	Clinical Advice	General Information	Continuity of Care	Demographic Update	Feedback	Non-Provider Assistance
2,111	1,045	1,005	279	226	36	4	1,702

Provider-driven inquiry

Inquiry initiated by non-provider/someone outside of provider office

*FY19 data begins January 2019 (Provider Connect Go-Live)
**FY22 inquiry volume through first 8 periods (Oct 21 – May 22)

88% of FY21 provider-driven inquiries were for . . .

4,706 provider-driven inquiries received in FY21

Access to care
Questions and support regarding **care needs** such as the referral process or expedited appointments

Clinical advice
Seeking to **speak to a specialist** for clinical guidance

Technical support
Questions and support for **EpicCare Link** and **Care Everywhere**

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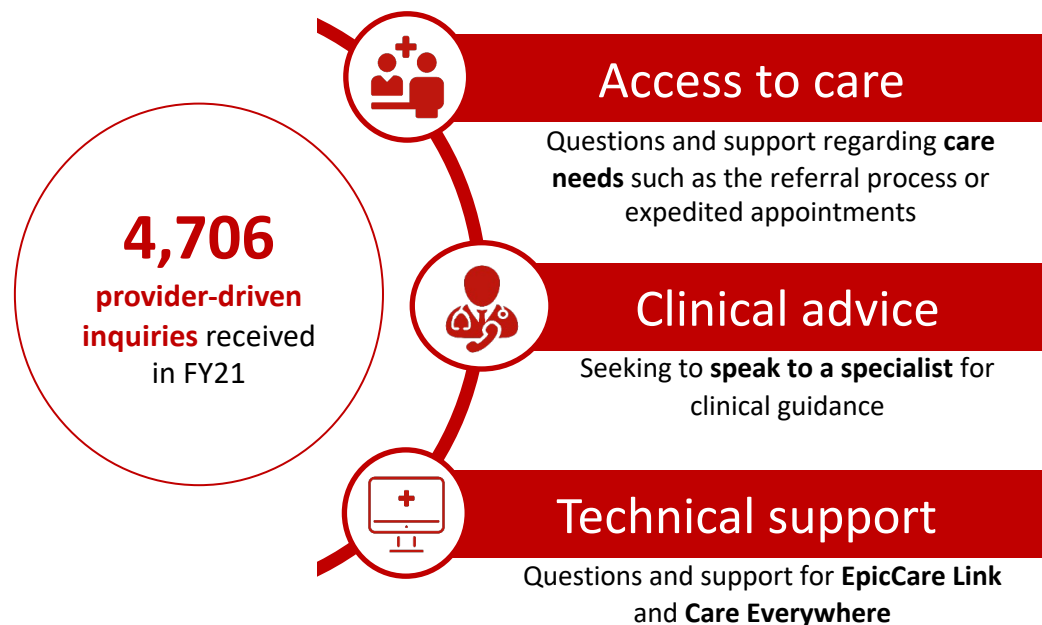
Optimizing interoperability tools: EpicCare Link

Snapshot

EpicCare Link is a **web-based portal** that allows external providers and their staff the ability to **view** TCH medical records for shared patients.

Utilization

- **550+** active practices
- **900+** active providers
- **3,000+** patients accessed each month
- **5,000+** log-ins per month

Tapestry

- Preparing for the TCHP **Tapestry** go-live
- The **Tapestry Link** provider portal will merge with **EpicCare Link**, providing an **integrated experience** for providers
- Users will grow by **~5,000**
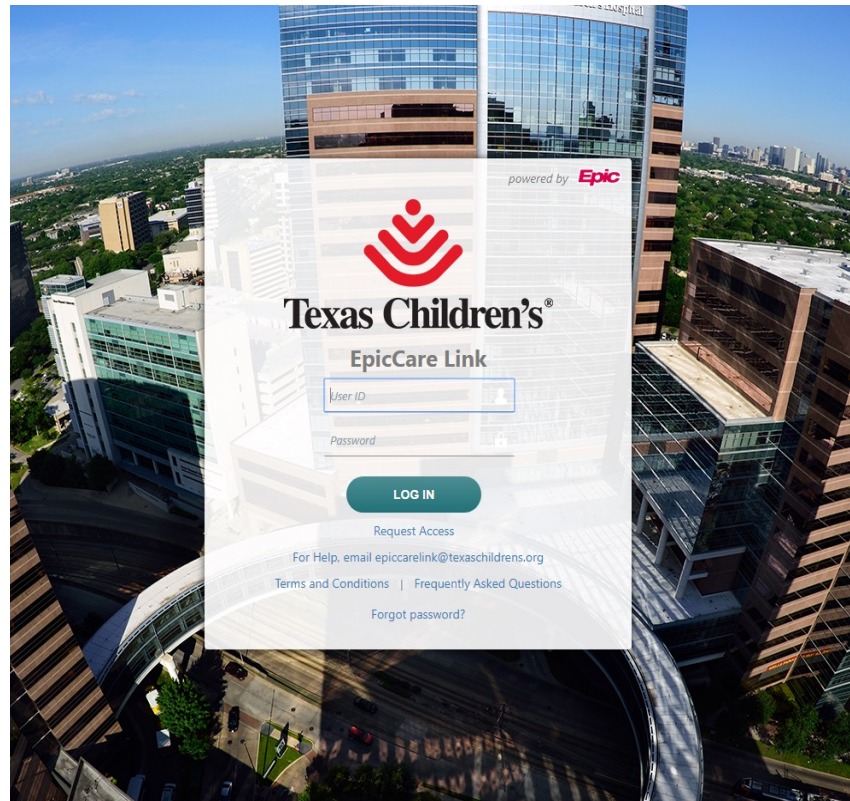
Optimizing interoperability tools: Care Everywhere

Snapshot

Care Everywhere is an Epic functionality that allows **EMR to EMR exchange** of patient information with other Epic organizations and non-Epic organizations that participate in integrated networks, enhancing continuity of care

Highlights

- Utilization of Care Everywhere has grown significantly due to implementation of enhanced settings and enhanced information shared as required by the 21st Century Cures Act

- Texas Children's uses Care Everywhere to exchange referrals and medical records with **Baylor College of Medicine's** adult services and **Houston Methodist Primary Care Group**

- Actively working to expand CE functionality with **Kelsey Seybold Clinics**

Referring from the Houston Methodist Primary Care Group to Texas Children's Hospital

Business Development at a glance

Meaningful data

Communication and engagement

Clear Goals

Referring provider education

Enhanced territories and customer base

Structure and focus:

- **Liaisons** covering pediatric services and the Heart Center transitioned to Provider Connect team in October 2020

- In FY2021, **assessed roles** and began **building data infrastructure** to support efficient, effective, data-driven business development activities

- In FY2022, launched improvements to align work with **best practices**

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Business Development accomplishments and best practices

Data and infrastructure:

- New **data-based** territories & tiers

- Mapping providers to **practices and systems** to enable meaningful analysis

- Increase in assigned providers per liaison

- Monthly **dashboards**

- New market analysis tools

- Extensive **Salesforce** (CRM) cleanup

- More robust and meaningful **CRM utilization**

- Working on interactive business development **analytical suite**

Provider engagement:

- Monthly Virtual Education Series

- Launching regular **e-newsletter**

- Strategic **conference** presence*

*partnering with Marketing

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Additional benefits and lessons learned

Additional benefits of referral redesign

- ✓ Implementation of referral work queues laid the technical foundation for clinics to begin using Epic's **referral triage functionality**

- ✓ **Timely routing** of referral to appropriate scheduling team

- ✓ **MyChart Ticket** scheduling

- ✓ Referral **text** reminders

- ✓ **EpicCare Link alignment** – documentation of referral in Epic creates an automatic trigger for the patient to upload to the referring provider's EpicCare Link patient list

- ✓ Consistent referral capture provides **meaningful data** for understanding provider referral patterns, market demand, and business development opportunities

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Lessons learned

- When not tracked in EMR, operational areas *always* **underestimate** the number of referrals received.

- Operationally, frontline staff equate scanning a referral into media or immediately scheduling an appointment to be the same as transcribing the referral …
Misunderstanding the value of fully transcribing the referral degrades the effectiveness of the overall referral process.

- It is highly important to ensure the operational teams have full understanding of referral entry processes and the importance of **capturing/entering the referral in Epic** … *even if referral does not result in scheduled appointment.*

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Strategies for success

- Identify operational leadership that will **strongly advocate for the proposed changes** in their areas

- Hardwire referral process training into ongoing **new-hire training** materials

- Establish early **organizational goals** regarding:
  - Turnaround times for triage and scheduling
  - Conversion rate (% of referrals scheduled)
  - % increase in incoming referrals from external providers

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What's next

What's next

Around here, however, we don't look backwards for very long. We keep moving forward, opening up new doors and doing new things, because we're curious…and curiosity keeps leading us down new paths.

- Walt Disney

- Keeping up with **emerging technologies** for referral exchange

- Partnering with referring providers to align with their **preferences** for referral submittal

- Integrating data into CRM for **business development**

- Continued and expanded operational focus on improving referral **conversion rates**

Thank you

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