



Advancing High Performance Health

AMGA Foundation

Best Practices in Managing Patients with Rheumatoid Arthritis

Group Health

*Improving the
Referral Process*





Organizational Profile

Group Health has been in operation since 1974. The multispecialty group provides comprehensive care for over 200,000 patients per year. With 18 various specialties with 8 office locations, Group Health has 5 full-time equivalent rheumatologists that follow the American College of Rheumatology algorithms, while providing over 18,000 patient visits per year.

Additionally, Group Health has various ancillary departments to support the onsite needs of its patients including Audiology, Laboratory, Infusion departments, Pharmacy, Physical Therapy, and Radiology.

Project Summary

This particular project was focused on the referrals for rheumatology patients, though the process can be used for any practice for referrals. Group Health also had a nurse navigator that would help with this process workflow from the time the referral had come for the department and the moment the patient was contacted to schedule his or her initial visit.

Program Goals and Measures of Success

Group Health's project goal was to improve its overall efficiency and standard of care by focusing on the referral process. The medical group identified patients at risk, setting up a system approach to standardize the referral process from primary care to the specialist. Once the patient was diagnosed, the patient would be linked to team-based care and resources within the community. The process was redesigned to route patients with back pain to physical medicine and rehabilitation for an initial specialist referral.

Population Identification

Group Health's multispecialty group has five full-time equivalent rheumatologists who practice out of seven locations across the greater Cincinnati location. Its rheumatologists provide more than 18,000 patient visits per year together as a group. It also uses the Epic system to help facilitate the referral process to begin and monitor the process of the referral during the transition of care for the patient.

Intervention

Smart sets were developed to coordinate care internally with the primary care staff. These were embedded into Epic to produce a standardized flowsheet, identifying recommended labs to be drawn prior to the first visit with the rheumatologist. These smart sets assisted with internal communication between the primary care physician and the specialist.

For patient engagement smart sets were developed to be used by a nurse navigator to engage and educate the patient prior to the first visit, such as explaining what a rheumatologist does and what questions to ask the doctor.

For staff education, Group Health set up meetings with both primary care physicians and specialists to share and discuss changes that would be incorporated into the system at both the primary care and the specialist level in an effort to improve the referral process and coordinate care.

The plan is to set up programs with staff to improve team-based communication and also set up education for managers so that they may address their staff with best practice insight. To assist with the transition of care and to get community resources, Group Health met with the president of the Arthritis Foundation to coordinate resources within the community for patients that are diagnosed with rheumatoid arthritis.

Leadership Involvement & Support

One of the challenges that Group Health has faced is its ability to engage patients in community resources, such as community classes with the Arthritis Foundation and the Group Health fitness facilities. Hurdles also continue in setting up the process for labs being done prior to visits with the specialist.

The next steps that Group Health is working on are identifying ways to continually engage the staff and patients while implementing the new referral work flow. This extended implementation needs to be in place in order to identify the needs for process improvement, tracking the patients from the beginning of the process to the end of their transition of care.

Elizabeth Berter, director of the Rheumatology Department, was involved in the process.

Lessons Learned and Ongoing Activities

From this project Group Health has learned that many objectives change along the journey to find a way to innovate new processes. While creating a process flow chart proved to be extremely helpful, it should have been something that was started toward the beginning of the project and not toward the end.

Acronym Legend

CDAI: Clinical Disease Activity Index

DMARD: Disease-Modifying Anti-Rheumatic Drug

HAQ: Health Assessment Questionnaire

MDHAQ: Multi-Dimensional Health Assessment Questionnaire

PQRS: Physician Quality Reporting System

RAPID 3: Routine Assessment of Patient Index Data 3

SDAI: Simple Disease Activity Index

RA Team

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