The MedHealth Provider Network: A Collaborative Approach to Referral Retention

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Disclosures

Methodist Family Health Centers and Medical Groups are owned and operated by MedHealth and staffed by independently practicing physicians who are employees of MedHealth.

The physicians and staff who provide services at these sites are not employees or agents of Methodist Health Systems or any of its affiliated hospitals.
Methodist Health System

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MedHealth Overview

• Est. 1995 by Methodist Health System in Effort to Extend the Mission Beyond the Hospitals by Providing Compassionate Quality Primary Care to the Community

• Multi-Specialty Organization of Employed Physicians and Physician Extenders

• Governed by a Physician-Led Board of Directors and Supporting Physician Advisory Committees

• Dedicated to Achieving Excellent Health Outcomes and Experiences for Individuals in North Texas Through a Collaborative Effort of our Group Medical Practices
FY15 Statistical Overview

• 24,083 New Patient Primary Care Visits
• 185,544 Total Primary Care Visits
• 50,000+ Referrals Generated By Primary Care Providers
• 70,588 Methodist Health System Hospital Discharges (Inpatient & Observation)
Growth Overview

- 517 Employees
- 119 Providers
- 26 Primary Care Practices
- 13 Specialty Care Practices
- 1 Hospitalist Program
- 1 Urgent Care Practice
- 1 Senior Care Practice
- 1 ISD Program
- 2 Charity Care Practices
- All Established Primary Care Practices are Certified Level 3 Patient-Centered Medical Homes
Dallas-Fort Worth Demographics

- Metro Includes 13 Counties and 25 Cities
- Approx. 6.6 Million Residents
- Approx. 9,600 Square Miles (690 Residents/Sq. Mi.)
- 90% Residents Are < 65 Years of Age
- 60% Adult Residents Have Some College or Degrees
- 5.7% Unemployment Rate
- $58,356 Median Household Income
- Approx. 75% Residents Have Health Insurance

*Statistics from United States Census Bureau (2015) and Modern Healthcare
DFW Market Analysis

- 12,000+ Physicians
- 80+ Hospitals & Medical Centers
- 5 Major Health Systems
- 2 Pediatric Systems
- 2 University Hospitals
- 2 Public Health Systems
- Countless Ambulatory Surgical Centers and Freestanding Emergency Centers
REFERRALS
MedHealth - 2008

- Transitioned from Localized Paper Charting to Integrated Electronic Health Record
- 7 Primary Care Practices
- Serving South Dallas, Grand Prairie, Mansfield, and Midlothian
- Decentralized Referral Management
Traditional Referral Process
Traditional Referral Process

- Time Consuming
- Inconsistent
- Risk of Inaccurate Referrals
- Poor Decision Support and Accessibility
- Lack of Communication and Follow Through
- Costly
- Unmeasurable
Mission

“Serve as an extension of the Methodist Family Health Centers and MedHealth medical practices by applying seamless and patient-centered referral management processes which enable quality outcomes, improved accessibility, and well engaged consumers.”
MedHealth Referral Process

• Centralized Business Office
• Promoted MedHealth MA’s and RC’s to Referral Specialists
• New Cost Center and Service Fee
• Attributed 7 Practitioners by Geographic Area to Each Referral Specialist
• Process and Obtain Insurance Pre-Authorization for All Referrals
MedHealth Referral Process

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MedHealth Referral Process

- Efficient and Patient-Centered
- Standardized Across Organization
- Timely and Accessible Appointments
- Increased Communication
- Improved Customer Satisfaction
- Cost Effective and Scalable
- Measurable
SUCCESS ✔️

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MedHealth - 2012

- 17 Primary Care Practices
- Central and South Dallas, Grand Prairie, Arlington, Midlothian, Mansfield, Richardson, and Wylie
- Centralized Population Health Department (Referral & Scheduling Call Center)
- Increased Provider and Patient Dissatisfaction
- Highly Competitive Market
- Retaining Only 68-70% Physician Referrals within Methodist Health System
Organizational Challenge

- Significantly Increase Referral Retention to Methodist Medical Staff and Outpatient Services
- Improve Provider and Patient Satisfaction
- Streamline Navigation of Insurance Networks while Continuity of Patient Care
- Increase Customer Utilization of Referral Network Management Solution
- Create Actionable Metrics and Reporting
- Strengthen Relationships and Communication Between PCP’s and Medical Staff Specialists
Significance of Challenge

• A Single PCP Generates $500,000 - $1.4 M in Referral Revenue Annually

• 50% of Referrals Never Result in Specialist Visit

• 68% Specialists Report Referral and Supporting Health Records are Not Received Until After Patient Visit

• 25% Referrals are Sent to Wrong Specialist

• 20% Malpractice Claims for Missed or Delayed Diagnosis Involve Referral Communication Deficiencies

*Statistics from Annals of Internal Medicine and The Advisory Board
DEEP DIVE
an extensive analysis of a subject or problem

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Ideal Referral Solution

• Patient-Centered
• Easy, Efficient and Effective Access to Care
• Reliable and Safe Decision Support
• Collaborative Approach
• Honor Provider Autonomy
• Data-Driven and Actionable
Patient Needs

- Engagement in Referral Process
- Communication (Phone, Portal, Etc.)
- Accurate and Reliable
- Decision Support
- Safe Transition of Health Records
- Timely Access to Care
Provider Needs

• All Patient Needs are Satisfied
• Confidence in Process and Decision Support
• Collaboration with Specialists and Outpatient Service Providers
• Seamless Integration with EHR
• Meets Meaningful Use and PCMH Requirements
• Limited Interruption in Visit Throughput
• Honor Provider Autonomy
Organizational Needs

• All Patient and Provider Needs are Satisfied
• Support and Identify Service Gaps in Methodist Health System Service Lines
• Support Methodist Health System Outpatient Services
• Consistent, Accurate, and Actionable Reporting
• Fulfill the Methodist Health System Mission
• Aligned and Engaged Medical Staff Providers
Data Needs

- Referral Specialist Operational Metrics
- Primary Care Referral History and Volumes
- Referral Indicators (Ex: Reason for Leakage, Reason for Referral, Etc.)
- Patient Demographics
- Primary Care Patient Visit Volumes
## SWOT Analysis

### Strength
- Employed PCPs
- Integrated EHR
- Robust Service Lines
- Organizational Support
- Growing Brand Presence

### Weakness
- Limited IT Support
- Poor Data Visualization
- Limited Human and Financial Resources
- Resistance to Change

### Opportunity
- Insurance Environment
- Accessible Data
- Similar Provider Needs
- Centralized Referral Management

### Threats
- Competitive Market
- Numerous Referral Networks in Market
- Provider Autonomy
- Technology Advances
Referral Network Management

- Implement a Data-Driven Strategy
- Establish Physician Advisory Committee
- Develop Stand-Alone Referral Network Management Solution without Increasing Cost
- Develop New Workflows and Specialist Scopes
- Define an “In-Network” Provider
- Define Preferred Provider Tiers
- Require Reason for Referral Leakage
- Develop Actionable Metrics and Reporting
- Develop a Patient-Centered, Collaborative Network of Providers
Referral Specialists
• Turn-Around-Time Expectations (Routine / Urgent / STAT)
• Standardized and Audited
• Designed to Encourage Use of In-Network Specialists
• Require Reason for Leakage
Department Workflows

STAT - Referral Process – Workflow Chart

Review Referral Criteria

STAT Referral

Confirm PCP Correctly Selected w/ Insurance

Specialist Provided

No Specialist Provided

Place Referral In-Process

Obtain Insurance Authorization*

Attempt to Schedule Appointment (All Referrals)

3 or More Outbound Calls - Notify Pt of Referral

NextGen Share CCD-A

EFax Referral

Select Summary of Care Sent

Document Reason for MHS/NON-MHS, Referral Details, Etc.

Complete Referral

Send Referral Letter (Mail and/or Patient Portal)

Recommend MHS

Recommend NON-MHS

View Prior Referral History & Referral Comment Section

Place Referral In-Process

Task Message to Referring MD w/ Reason & Suggested NON-MHS

Document Reason for NON-MHS

STAT REFERRALS – Always Notify Referring Physician via Tasked Message of Scheduled Appointment and Completed Referral

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Reason for Leakage

- Documented within EHR
- Required Prior to Referral Completion
- Supported by Physician Encounter or Outbound Call to Patient
- Designed to Encourage Use of In-Network Specialists
- Maintains Provider Autonomy
Medical Staff Directory

- Accessible via Intranet
- Updated Monthly by Corporate Medical Staff Office
- Searchable by Specialty, Name, and/or Credentialing Status
- Limited to Address and Contact
Specialty Physician Profile

- Manual Forms Collected and Filled Out by Department
- Each Referral Specialist has Binder of Physician Profiles Organized by Service Area and Specialty
- Includes Insurances Accepted and Services Provided
“Good afternoon Mrs. Jones, this is Mary with Dr. Garcia’s Referral Department calling regarding a referral request to see a neurologist. Do you currently have a preferred neurologist that you would like to see? If not, in order to provide a high quality care experience and ease of service, I can recommend two neurologists within the Methodist Health System and close to your home that Dr. Garcia refers to.”
Referral Specialist Report

- Internal EHR Data Source
- Reviewed Weekly with Each Referral Specialists
- Trends Each Referral Specialist’s Productivity, Volume, Order Errors, Turn-Around Time, Referral Retention, and Referral Type
Primary Care Physicians
Physician Advisory Committee

- Meets Monthly to Further Scope, Implement Change, Develop Education Material, Suggestion Improvement Opportunity, and Promote Services to New Providers
- Members Include Primary Care Providers and Organization Administrators
- Appointed and Paid Members
Referral Utilization Report

- Internal EHR Data Source
- Compares Referrals Ordered to Patient Visits Per Month
- Benchmark = 3.5 – 4.5 Visits/Referral
- Trends Over/Under Utilization By Referral Type (Physician, Imaging, DME, Therapy, Etc.)

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Referral Trend Report

- Internal EHR Data Source
- Collected and Reviewed Monthly
- Trends All Referral Patterns By PCP Name, Referred To Name, Service Line, Referral Reason, Order Time-Frame, Month Ordered, Ordered By Name, Insurance, Patient Age, Zip Code, and Gender
Physician Referral Report

- Internal EHR Data Source
- Reviewed Monthly with Physician
- Compares Physician’s Leakage to Peers and Organization
- List In-Network/Out-Network Referred To Specialist
- List Reason for Leakage
### Physician Referral Report

#### Med Health
- **Top 20 MHS Providers**: Represent 98% of referrals to MHS Providers.
- **Referenced Provider** | **Specialty** | **Total Referrals** | **%**
  | | | |
  | **GYN** | 7 | 9%
  | **Oncology & Hematology** | 6 | 8%
  | **Cardiology** | 4 | 5%
  | **Gastroenterology** | 4 | 5%
  | **Orthopedics** | 4 | 5%
  | **Respiratory** | 3 | 4%
  | **Neurology** | 3 | 4%
  | **Radiology** | 3 | 4%
  | **Ophthalmology** | 3 | 4%
  | **Urology** | 1 | 1%
  | **GI Surgery** | 1 | 1%
  | **Intensive Care** | 1 | 1%

#### Cedar Hill East
- **Top 20 MHS Providers**: Represent 98% of referrals to MHS Providers.
- **Referenced Provider** | **Specialty** | **Total Referrals** | **%**
  | | | |
  | **Pathology** | 7 | 10%
  | **Cardiology** | 4 | 6%
  | **Gastroenterology** | 4 | 6%
  | **Neurology** | 4 | 6%
  | **Orthopedics** | 3 | 5%
  | **Ophthalmology** | 3 | 5%
  | **Neurology** | 3 | 5%
  | **Radiology** | 3 | 5%
  | **Oncology & Hematology** | 2 | 3%
  | **Respiratory** | 2 | 3%
  | **Gynecology** | 2 | 3%
  | **Nephrology** | 2 | 3%

#### Brian Jones MD
- **Top 20 MHS Providers**: Represent 98% of referrals to MHS Providers.
- **Referenced Provider** | **Specialty** | **Total Referrals** | **%**
  | | | |
  | **Cardiology** | 8 | 12%
  | **Radiology** | 5 | 8%
  | **Neurology** | 3 | 5%
  | **Ophthalmology** | 3 | 5%
  | **Gastroenterology** | 3 | 5%
  | **Respiratory** | 2 | 3%
  | **Neurology** | 2 | 3%
  | **Oncology & Hematology** | 1 | 1%
  | **Orthopedics** | 1 | 1%
  | **Plastic Surgery** | 1 | 1%

#### Top 20 MHS Providers
- **Reasons For Leaving**: Represent 100% of referrals leaving MHS.
- **Referenced Provider** | **Specialty** | **Total Referrals** | **%**
  | | | |
  | **Gastroenterology** | 2 | 20%
  | **Clinical Psychology** | 2 | 20%
  | **Ophthalmology** | 1 | 10%
  | **Neurology** | 1 | 10%
  | **Pediatric** | 1 | 10%

#### Outpatient Referrals
- **Top 5 Facilities**: Represent 100% of referrals to Outpatient Facilities.
- **Facility** | **Total Referrals** | **%**
  | | | |
  | **MCMC Outpatient** | 10 | 27%
  | **AMMMC Outpatient** | 5 | 13%
  | **Hospice** | 3 | 8%
  | **Dentist** | 1 | 2%
  | **Metal** | 1 | 2%

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Physician Directory

- Developed by Corporate Marketing
- Includes Information About All Active Status Medical Staff
- Divided by Service Area and Specialty
- Updated Annually
Organizational
Executive Referral Report

- Internal EHR Data Source
- Reviewed Monthly with Hospital Presidents and Administrative Team
- Executive Overview of All MedHealth Referrals
- Provides Summary of Referral Retention/Leakage By Clinic and Service Area
Executive Referral Report

Methodist Family Health Centers - Executive Summary
MedHealth Referral Network Management
April 2015

Reasons Why Referrals Leave MHS

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MHS Physicians Receiving Most Referrals

| 9n | 56 | 52 | 57 | 53 | 42 | 38 | 38 | 38 | 36 | 36 | 35 | 33 | 32 | 30 | 27 | 25 | 24 | 24 | 23 | 22 | 21 | 18 |

Non-MHS Physicians Receiving Most Referrals

| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 |

Referrals By Specialty

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Service Line Report

- Internal EHR Data Source
- Deep-Dive Into Referral Trends
- Compares Referrals to Service Line and Specialists Year-to-Year
- Provides Summary of Imaging, Physical Therapy, and Other Outpatient Service Referrals
- Illustrates Payer Mix and Other Patient Descriptors
MedHealth Provider Network
MedHealth Provider Network

• Meet the Needs of Patient, Physician, and Methodist Health System

• Maintains Integrity of Methodist Health System Vision

• Built on Foundation of NCQA Medical Home and IHI Triple Aim

• Strengthen Communication and Relationships Between PCP’s and Specialists on Methodist Medical Staff

“To be the trusted provider of integrated quality health care in North Texas.”
MHPN Vision

“To be a comprehensive medical neighborhood of like-minded providers and services that deliver an efficient and integrated patient care experience.”
Foundation of Network

- Accessible Scheduling
- Direct Communication with Provider and Patient
- Best Practices Aimed at Providing Quality and Cost-Effective Care
- Seamless Transition of Patient Care
- Data-Driven Referral Trend Analysis
- Strategic Alignment and Network Development
Expectations for PCPs

- Appropriate Referrals
- Complete Transition of Care Documents
- Patient Preparation
- Available for Communication
Expectations for Specialists

• Access to Appointments
• Ease of Scheduling
• Timeliness of Reports
• Use of Methodist Health Systems
• Commitment to Quality Care
• Focused on Patient Experience
MHPN Membership

• Preliminary Recruitment List Developed in Collaboration with Methodist Health System and MedHealth Physician Advisory Committee
• Recruitment Brochure and Invitation Letter Distributed to Targeted Providers
• Review and Sign Agreement Affirmation
• Minimum of 1 Performance Audit Annually
• All New Applicants Submit Request to Physician Advisory Committee for Review and Approval
Web-Based Network Portal

- Reduce Referral Inaccuracy
- Improve Patient Experience
- Enhance Decision Support
- Reduce Appointment Lag-Time
- Improve Care Transition
- Strengthen Communication and Network Engagement

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Web-Based Network Portal
CHALLENGES
Challenges Faced

- Diminished Time, Financial and Human Resources
- Operational Challenges and Staff Turn-Over
- Cultural Transition from Provider Autonomy
- Limited Methodist IT Support
- External IT Vendor Terminated Contract and All Programming Code
- Methodist ACO Transitioning into a CIN
- Concern that Multiple “Networks” Creates Confusion
Patient Satisfaction

- Seamless Referral Management Solution
- Expedited Access to Appointments
- Enhanced Patient Engagement
- Quality Delivery and Transition of Care
- Accessible Communication
- Improved Press Ganey Responses
Specialists Satisfaction

• Efficient Stream of New Patient Referrals
• Enhanced Relationship and Communication with MedHealth PCP’s
• Improved Quality of Referrals Received
• Physician Engagement

AMGA 2016 Annual Conference
PCP Satisfaction

• Seamless Referral Management Solution
• Manage 36,000+ Referrals Annually
• Enhanced Decision Support
• Improved Alignment and Communication with Community Specialists
• Increased Support from Methodist Health System
• Consistent Referral Trend Reporting
• Improved Patient Satisfaction
• Assistance with Meaningful Use, NCQA, ACO, and Other Value-Based Quality Measures
Organizational Satisfaction

- Increased Referral Retention
- Increased Imaging Referral Retention
- Enhanced Patient and Physician Satisfaction
- Improved Physician Alignment
- Monthly Referral Reporting
- Foundation for Future Strategies within ACO/Clinical Integration Network (CIN)
Achievements

- Increased Providers Utilizing Referral Network Management Solution
- 83% Physician Referrals Retained In-Network (National Avg. = 55-60%)
- 70% Imaging Referrals Retained In-Network (19% Increase)
- Avg. 54% Increase in Referrals to MedHealth Specialists
- Avg. 49% Increase in Referrals to MHPN Specialists
- Increased Press Ganey Response to “Ease of Obtaining Referral”
- 100% Providers Achieved PCMH/ Meaningful Use Referral-Related Requirements

*Statistics from The Advisory Board*
“Difficult to see. Always in motion is the future.”

– Yoda
Thank you! Any Questions?