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Into Practice

Implementation of referral guidelines at the interface between pediatric primary and subspecialty care

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ABSTRACT

Background: In pediatric medicine, inadequate access to subspecialty care is widespread. Referral Guidelines are structured tools that describe criteria for subspecialty referral and may decrease medically unnecessary referrals and thereby improve access.

Problem: Variation in referral rates and suboptimal communication around pediatric subspecialty referrals leads to inappropriate and ineffective use of scarce clinical resources.

Goals: Connecticut Children's Medical Center prioritized the development of collaborative care tools at the interface between primary and subspecialty care, including Referral Guidelines.

Strategy: A comprehensive set of Referral Guidelines was developed and consisted of background information on a given condition, strategies for initial evaluation and management, instructions for how and when to refer, and what the patient and family could expect at the visit with the subspecialist. A key component of the initiative was the integral role of the PCP during development.

Results: Twenty-eight Referral Guidelines have been developed among 15 subspecialty areas. A novel process for active dissemination of Referral Guidelines was piloted in one medical subspecialty area and led to a reduction in overall referrals and an increase in the proportion of referrals meeting the necessary criteria.

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1. Background

The current referral environment in pediatric care is characterized by greater numbers of children seeking subspecialty care, inadequate numbers of subspecialists capable of providing care, and poorly structured communication between referring providers and subspecialists.^{1,2,3,4} Together, these factors create significant access issues among pediatric medical and surgical subspecialty divisions. Our organization is the only free-standing children's hospital in the state of Connecticut offering comprehensive subspecialty care to the state's pediatric population. Many of our outpatient subspecialty areas fail to meet the access metric of scheduling new patient appointments for routine referrals within 2–4 weeks.

Access to subspecialty care is driven by the current workforce, the prevalence of conditions requiring subspecialty care, and by other factors such as patient/family preference for referral. These causes are largely systemic and difficult to influence to a significant

degree through hospital or community-based interventions. In contrast, the referral process between the primary care provider (PCP) and subspecialist, historically burdened by inefficiencies and inadequate levels of communication and collaboration, may be more amenable to change.

A recent review article established a conceptual framework to describe the PCP–subspecialty referral process, noting that the referral process between PCPs and specialists has traditionally been burdened by ambiguity.⁵ Both PCPs and specialists express dissatisfaction with the current referral process and variation in referral rates has been observed.^{3,6,7,8,9} Unexplained variation in referral rates may in part be indicative of inappropriate referrals and can result in overuse or underuse of specialty services.^{5,10} Clinical guidelines have been identified as a potential strategy to standardize care, but prior attempts to implement them in practice have faced a number of challenges.¹¹ However, the opportunity to learn from early implementation efforts led us to pursue a novel approach within our institution with the goal of reducing variation in care and improving the quality of referrals to subspecialty care.

In this article, we describe our experience in implementing Referral Guidelines to assist referring providers in the evaluation, management, and referral decisions for pediatric patients with specific conditions. Though not a novel intervention, to our

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knowledge our process for developing Referral Guidelines is unique in that the end user, the PCP, plays a critical role in their development and further, we have adopted an active process for dissemination.

2. Connecticut Children's Medical Center

Connecticut Children's Medical Center is a not-for-profit, 187-bed children's hospital that serves as the only freestanding children's hospital in the state. Connecticut Children's has five specialty care centers and 10 practices across the state and in Massachusetts and in 2013, there were over 150,000 outpatient visits. Recognizing the critical importance of our major referrers, our community-based PCPs, Connecticut Children's offers a number of services for PCPs:

- Physician Liaison: a single point of contact for PCPs who assists in connecting them to physicians, programs, and services offered by Connecticut Children's. PCPs can contact the Liaison for assistance in resolving process or communication issues that arise during the referral process.
- Referring Provider Advisory Board (RPAB): RPAB offers an opportunity for community PCPs and Connecticut Children's staff to identify, discuss, prioritize and resolve key issues that serve as obstacles to providing the best possible care.
- The Referring Provider Relations Program is an internal group that is charged with implementing solutions to address feedback received during quarterly RPAB meetings. Historically, the top priority raised by local PCPs has been timely access to subspecialty care.

Dr. Rubin, the physician champion for the Referring Provider Relations Program, witnessed firsthand the frustrations borne by PCPs in response to long wait times and delays in accessing subspecialty care. Prior experience in offering informal guidance to community PCPs on initial evaluation and management of patients and when to refer led to the motivation for this type of transformation: the demands on PCP and subspecialist time in fast-paced practice settings required the development of a more structured and efficient system.

Establishing a collaborative relationship with community PCPs through this targeted referring provider outreach contributed to the success of Referral Guidelines. RPAB members (1) prioritized the development of these resources, (2) volunteered to serve as initial reviewers of new Referral Guidelines, and (3) piloted their initial development and implementation. Their real-time suggestions for improvement were invaluable as we set the groundwork for the initiative.

3. Problem

Results from the largest study conducted in the U.S. on pediatrician referral patterns indicate that approximately 1 out of every 40 pediatric visits result in a referral to specialty care.⁷ Furthermore, variation has been found in referral rates among physicians.^{7,8,9} Referral rates for 142 pediatricians measured over a period of 20 days revealed a 4.1-fold variation in referral rates.⁷ Results from this study also showed that nearly half of all referrals occurred during the first office visit. The authors of the study conclude that "such a large proportion of referrals made during the first office visit for newly presenting health problems suggests that pediatricians may not feel adequately skilled to handle certain problems or may have circumscribed their scope of practice to exclude care for certain types of health problems..."^{7(p712)} This

variation thus suggests a lack of standardization as to which symptoms and conditions are appropriately managed by the PCP and which are appropriate for subspecialty consultation, and further, when in the course of a particular patient problem subspecialty consultation becomes warranted. This fundamental lack of clarity around when to refer to subspecialists is exacerbated by system factors such as a fee-for-service payment infrastructure, which promotes inefficient use of subspecialty care.¹² Large variability in provider referral patterns has led to concern over the effects of this variation on the quality and cost of care.

Variation in referral rates is of particular concern when taking into account the significant access issues present in pediatric subspecialty care. In a national survey of 44 children's hospitals, average wait times for pediatric subspecialties ranged from 5 to 13 weeks.¹ Delays in accessing subspecialty care can result in delays in diagnosis and delivery of appropriate therapies in addition to burdening the health care system with unnecessarily high costs and lower quality care.¹³ Interventions to improve access to subspecialty care are therefore critical. The causes of poor access to pediatric subspecialty care are numerous but are frequently attributed to

- Increasing demand for subspecialty care due to increasing complexity of care,¹⁴
- Insufficient appointment time for PCP to address all aspects of patient care,¹⁴
- Inadequate capacity of the pediatric subspecialty workforce,² and
- Poor coordination between pediatric PCPs and subspecialists.^{3,4}

Recommendations to improve access to subspecialty care are similarly numerous and address the disparate factors that contribute to poor access. However, a strategy that has the capacity to impact both access to subspecialty care and variation in referral rates among PCPs is provider training.^{7,12,13} Standardized tools for referral are one strategy to increase the collaboration between primary and specialty care required to improve access.¹³ Furthermore, evidence-based guidelines that provide information on when to refer patients are recommended for commonly referred conditions.⁷

The degree to which Referral Guidelines may impact broad measures of access among specialty areas depends on the conditions for which guidelines are developed. In a prospective study of pediatric referrals in primary care, the majority of referrals to care were made for 51 common health problems.⁷ Moreover, among most specialty areas, more than half of the referrals to that specialty were for three conditions. These findings suggest that the impact of Referral Guidelines or other tools that similarly seek to expand the scope of the PCP would be the greatest for these common, high-volume conditions.¹² Lower-volume conditions that are traditionally managed by the PCP are less well-suited for Referral Guidelines and are less likely to have a measurable impact on access.

A systematic review of all studies that evaluated guidelines for elective surgical referral concluded that guidelines can improve appropriateness of referral as a result of their effect on pre-referral diagnostic investigation.¹⁵ In addition to their impact on appropriateness of referral, the Referral Guidelines developed as part of this initiative are believed to offer a number of potential benefits for patients, PCPs, and subspecialists (Table 1). The goal of the Referral Guidelines initiative at Connecticut Children's is twofold: Referral Guidelines can serve as a point-of-care decision-making tool for PCPs, thereby reducing variation in care and ensuring appropriate referral. In addition, as a result of this intervention, it is anticipated that with widespread adoption, overall access to subspecialty care may improve due to a reduction in medically

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