

Digestive Disease Center: Referral Management

Sarah O'Neill, Yaramalies Davila, Julianna Sokolowski, & Chris Rodrigues

BIDMC: Care Connections, Department of Surgery, Referral Management, and Office of Improvement & Innovation – i²

Introduction/Problem

Administrative assistants face a number of competing demands that make it difficult to manage all expectations. As part of the Digestive Disease Center's intake and care coordination initiative, there was an opportunity to develop a standard process to ensure insurance office visit referrals are completed accurately the first time and in advance of the appointment. The goal was to redistribute work away from the administrative assistants and hire a central referral specialist to manage office visit referrals.

Aim/Goal

Develop a standardized and centralized model for the management of office visit referrals for Colorectal and Pancreas Liver Institute

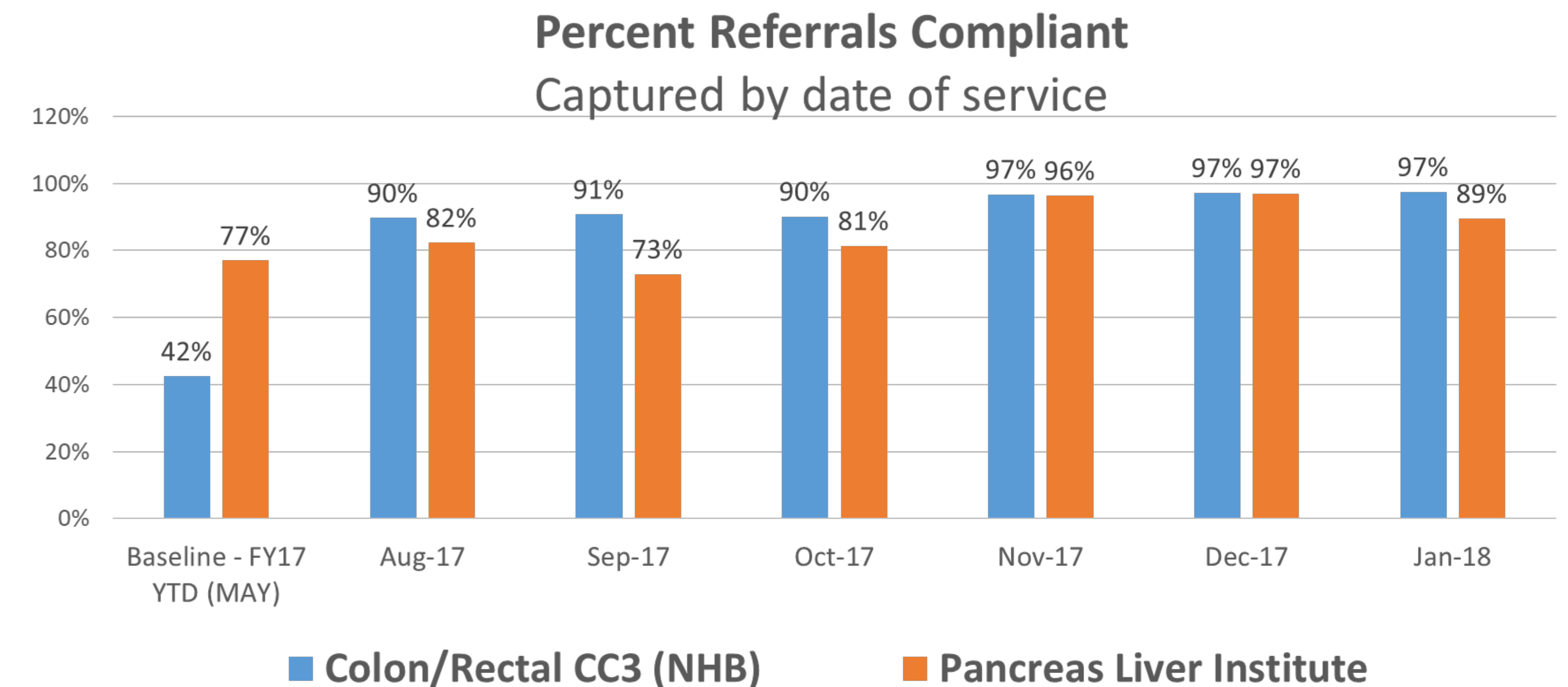
The Team

- Sarah O'Neill, Director, Care Connection
- Yaramalies Davila, Director of Patient Access - Surgery
- Julianna Sokolowski, Director of Referral Management Program
- James Peterson, Referral Specialist
- Chris Rodrigues, Senior Project Manager, Office of Improvement and Innovation – i²

The Interventions

- Evaluated referral management requirements
- Developed current and ideal state DDC referral management model, including:
 - Process workflows
 - Communication guidelines
- Defined role for centralized referral specialist and protocols for the practices
- Developed training requirements for referral specialists and appointment schedulers
- Developed a system to disseminate and maintain knowledge of insurance requirements

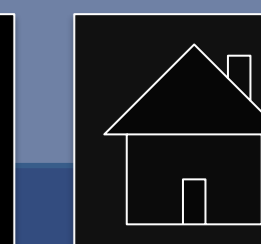
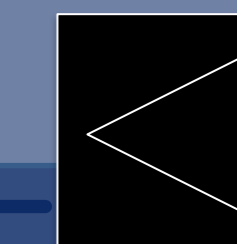
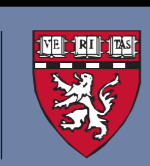
Results/Progress to Date



Nearly all referral captured prior to the date of service

For more information, contact:

Julianna Sokolowski, Director of Referral Management Program, jsokolow@bidmc.harvard.edu



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Accomplishments

Expanded the scope from multi-disciplinary clinics to all of Colorectal services

Hired a referral specialist in June 2017

- Improved capacity of administrative staff
- Cleared the June-July backlog of referrals during training period
- Colorectal: 150 referrals
- PLI: 120 referrals

Increased the % of referrals captured by date of service

- Colorectal: 50% improvement
- PLI: 6% improvement

Lessons Learned

- Found significant efficiency in centralizing the role for insurance referral capture
- Clear role expectations and regular communication on performance between referral specialist and practices improved workflow and staff morale

Next Steps

- After several months of streamline process between the referral specialist and practice, there is opportunity to expand scope of services to the Bariatrics program

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