PARTICIPATION
What motivated your practice site to participate in this initiative?

We wanted to learn what percentage of our patients referred for developmental evaluation services were being seen. It took a lot of time doing chart reviews to figure it out. When we did, we found that most patients weren’t getting services, and we didn’t even know it!

We decided we would need a system to track referrals. So we worked with our electronic health services (EHS) department to adopt an existing internet-based tool then centralize and standardize work around the tool. We did this not only to help us track developmental evaluation referrals, but also outside medical referrals and internal referrals to various care coordination resources linked to our system, e.g., EPSDT, Health Care Program for Children with Special Health Care Needs, and social workers.

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CHANGES
Changes: Three Primary Changes in Care Coordination

1. Referral Tracking Tool for external and internal referral needs, including Early Intervention Referrals
2. Creation of a Children with Special Health Care Needs Registry and push to use an existing asthma registry (Classification of asthma severity has increased from 39% to 88% over the last 12 months)
3. Referral handout for parents to provide contact and logistical information when referred for specialty care

These initiatives are part of a systems-wide effort to improve care coordination throughout the eight health centers in the Denver Health system.

What was the specific problem or issue being addressed?

We didn’t have a central repository that we could use to track referral outcome. Providers had various methods and systems for tracking kids—for example, file folders, patient stickers on a piece of paper, etc.

What did you hope to achieve by making the change?

We wanted to stop children from falling through the cracks, and for providers to know what happened to referrals.

What was the plan for making the change?

We used a year-long quality improvement process with the Toyota Lean method.

What did you learn from the process of making the change?

Systems change take time, but the changes can be more easily sustained, especially if the new system makes work easier for providers!

What would you recommend to other sites trying to make a similar change?

If you are a large system, don’t settle for Excel spreadsheets or ad hoc systems to track care.

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PATIENT IMPACT

Beverly Ridgway, RN, Referral Coordinator

“Better tracking and communication with outreach worker has been especially helpful for tracking down high-risk newborns who often miss their first appointment.”—RN

“The new system has dramatically shortened the response time for our managed care patients and ensured better efficiency and parent satisfaction. Turnaround time has been reduced for an authorization from up to two weeks to eight to two days—or with an e-mail or call to no wait at all. We had a young lady referred urgently today to the Children’s Hospital metabolics clinic. With our new system, her authorization is not only in place today, but has been electronically sent to the Children’s Hospital system preventing a possible (and in the past often likely) cancellation of her appointment for lack of insurance authorization on file”—MOA, Referral Coordinator

PROVIDER OR STAFF IMPACT

“We are working better together as a team which has helped us to provide better care for our patients. The emphasis on having the right person do the right job is great. I’m being given requests to contact patients to schedule needed appointments instead of the medical assistants.”—Clinical Team Member

“Creating registries for children with chronic conditions, and having an electronic referral tool to make and monitor the status of both external and internal referrals within our integrated system has allowed me to proactively reach out to patients for ongoing needs and to better help those who have fallen through the cracks. I feel like I can provide better care to these needier patients than I was doing before.”—Senior Leader