

BENEFITS REALIZATION: COORDINATED ACCESS - ORTHOPEDIC SPECIALISTS



System Coordinated Access

The System Coordinated Access (SCA) program is working to create a seamless experience for patients and providers moving between different parts of our complex health care system, by leveraging existing infrastructure and an innovative technology solution to connect referral sources to providers in a timely, barrier-free manner. The end goal of these system planning efforts is to create a model that will support faster access to services and more integrated, coordinated care for our residents.

In 2016, the SCA program transitioned to the eHealth Centre of Excellence (eCE), a division of the Centre for Family Medicine Family Health Team (CFFM FHT).

 *The Centre for Family Medicine*

Family Health Team

Benefits realization (BR) is a key component of the projects supported through the eCE. The BR team has adopted an approach to evaluation that is linked with the change management and adoption process. The purpose is to identify the processes that produce organizational and clinical value in health workflows and how the use of different e-tools can yield increased value. The BR team examines academic research and documented best practice guidelines to understand the clinical value propositions that should motivate specific clinical workflows to adopt change.

This BR case is part of a series of case studies which describe the clinical value of adopting a new referral process within the Waterloo Wellington Local Health Integration Network (WWLHIN). The work of the eCE BR program is ongoing as the SCA program evolves. Many of the BR cases raise questions which invite further investigation, and clinicians are encouraged to participate in that dialogue in order to develop the answers.

Value Statement

The introduction of a new standardized and coordinated referral process for orthopedic specialists is having a positive impact on the organizational workflows within primary care settings across the WWLHIN.

Best Practice for Orthopedic Specialist Referrals

In Canada, there are many documented issues with the current referral process between primary care and specialty care, including inappropriate and incomplete referrals, insufficient communication between clinicians, and paper or fax-based processes that can be difficult to track and hard to decipher [1]. A survey conducted by the Canadian Medical Association found that primary care physicians (PCPs) are frustrated with the current referral processes as it remains difficult to access specialist services, and there is little to no communication on the receipt of the referral or information on the booked appointment and follow up [2].

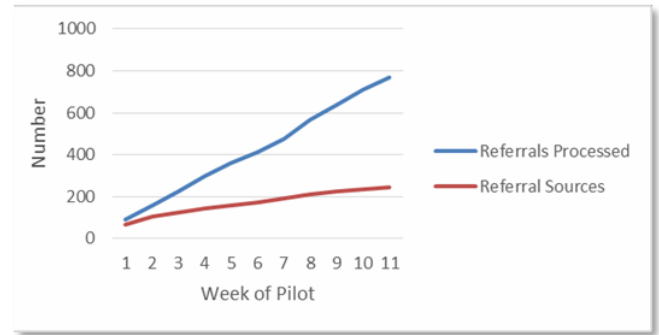
A review of the steadily growing body of literature on referral systems has demonstrated that access to and coordination of specialist care could be improved by the implementation of a more centralized intake [3] and electronic referral process [3-6]. The documented benefits to date include: increase in access to specialty services [7]; increase in quality of communication and collegial relations between PCPs and specialists [4, 7-9]; shorter referral cycles for patients [10]; increase in the clarity and completeness of referrals, including having all supporting documentation [8, 10]; and faster, more reliable and more transparent referral process from community to secondary services [10]. These various benefits all result in better experience and continuity of care for patients [7] and a higher degree of satisfaction for physicians [11].

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Introduction of Orthopedic Central Intake

In May 2016, the SCA program, together with the Regional Coordination Centre at [Langs Community Health Centre](#), launched a new standardized orthopedic referral form and centralized intake process across the WWLHIN. This phase of the project is a first step towards a more coordinated electronic referral process for the region. The goals of this pilot project were to improve access to orthopedic services for residents, establish standards across the specialist group and increase communication pathways between PCPs and specialists, while preserving patient and provider choice.

There has been quick uptake of the new process among the primary care group with almost half already utilizing the system. The fact that the referral form is standardized for all of the orthopedic specialties and that it is available as a custom template that can be embedded into primary care EMRs is a contributing factor to the high adoption rate. The number of orthopedic specialist referrals that are being sent through the central intake, and the number of primary care referral sources participating, are steadily growing. Several primary care practices are reporting new efficiencies in their internal workflows, due to the increase in communication, and coordination of the new central intake.



Testimonials from Primary Care Providers and their Staff:

- “We typically get appointment times back in a matter of days. Patients have some certainty as to what's happening, as do I. And my staff aren't harassing the office of the doctor making sure they got the referral 2 or 3 times. I imagine it helps at the specialist end for exactly that reason as well!”
- “That is great. You saved me at least half an hour of work putting [custom forms] together.”
- “This new referral system is fantastic.”
- “Without this central intake form we would have to fax or call to track down if the referral was received, which could take multiple tries. With the central intake form we know it has been received.”

For questions, comments, or to participate in eCE's BR program, please contact:
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Published: August 2016