**Facilitator's Guide**

**Description**: This guide is intended to help the faculty deliver this 60-minute discussion to fellows on the topic of improving the value of consultations and referrals. Inpatient and outpatient scenarios of the referral process are discussed to establish the important role of communication in ensuring appropriate and high value referrals and to challenge the trainees to consider the value of preconsultation for expediting referrals and to define their role in different types of referrals and in ensuring a clear referral response.

**Learning Objectives**:

1. Describe the essential role of communication in high value care coordination.
2. Define the types of referrals and the specialist’s role in each.
3. List the components of a high value referral response.
4. Describe several existing processes developed to promote high value in the referral process.

**Audience and Setting:** The intended audience members for this module are fellowship trainees.

**Preparation Required:** Bring some printed examples of consultation/referral requests that lacked a good clinical question or reason for referral and one or more referral requests with a well-stated reason or clinical question for comparison (or ask fellows to bring some). Bring examples of "consultation notes" from staff as examples of referral responses to review. Ask fellows to bring or access one or more of their notes on a referral so they can assess their referral response. Bring copies of the model specialty outpatient referral response checklist so that fellows can use it to critique specific examples.

**Equipment Required**: A computer with projector for the PowerPoint presentation with audio output, a white board or flip chart for recording group work, and index cards for final activity.

**References**:

Payment/Delivery System Reform.

<https://www.acponline.org/system/files/documents/advocacy/current_policy_papers/assets/pcmh_neighbors.pd>

High Value Care Coordination Toolkit (includes check lists for effective Referral Request and Referral Response and Pertinent Data Sets on what information is needed for common specialty referrals (preconsultation assistance): [**https://hvc.acponline.org/physres\_care\_coordination.html**](https://hvc.acponline.org/physres_care_coordination.html)

**Presentation Instructions:**

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| Step | Description | Estimated Time |
| 1 | Welcome participants, introduce speaker, identify the reason for the discussion, including the following:   * Physicians should understand the importance of communication in providing effective care coordination * Clarify the role of the specialist in different types of referrals * The value of preconsultation and other processes in promoting high value in the referral process * Review the Learning Objectives (slide #2) * Discuss potential harms resulting from poor referral communication (slide #3); ask if they have any harms to add to the list on the slide * Outline steps where referral communication may break down; ask fellows where communication breaks down at their institutions * Some possible questions are:  1. Is there a mechanism to communicate about whether or not a consultation is necessary? 2. Is there a way to communicate what workup should be done prior to the consultation? 3. Are the reasons for referral communicated in a systematic way so that they can be triaged? 4. How do you communicate your recommendations (referral response)? 5. Does everyone know what their respective role is in the post–referral plan?  * Review the framework for HVC delivery (slide #4); recognize that this topic primarily addresses step 5 and looking for system level opportunities | 7 minutes |
| 2 | Case #1: Inpatient Consultation Case (slide #5)   * Consultation called without a clear clinical question; ask fellows to share specific examples with the group * Did the lack of communication result in poor patient outcomes or waste? (delayed diagnosis or treatment, inappropriate [wrong specialty] or unnecessary consultations, patient/family confusion about the care plan) * What might help this situation? Brainstorm ideas for potential solutions; have fellows think back to the experience of being a resident as well as their experience as a fellow | 7 minutes |
| 3 | Types of referrals and roles of specialists (slides #6-8)   * Review the types of referrals and what role the specialist plays in each * Discuss the value of preconsultation in expediting/prioritizing care and how the fellow as well as staff might work with referring clinicians to help them prepare patients appropriately to improve the value of the specialty visit * Discuss the elements of a High Value referral response (slide #8) * Ask about ways to ensure that these elements could be incorporated into consults if they are not already being done | 5 minutes |
| 4 | Case #2: Outpatient Referral Responses Critique (slide #9 and hard copy of referral response checklist)   * Ask fellows to review examples of referral responses from staff and fellows in your institution. Was adequate information provided? * Reflect on being a referring clinician and what information is helpful for you in the referral response * Critique sample referral responses or fellow's own referral responses against the model checklist and discuss ways to improve quality and "close the loop" in communication * Simplified Checklist for the Referral Response:  1. What is the specialist going to do 2. What is the patient instructed to do 3. What does the referring physician need to do and when | 10 minutes |
| 5 | Care Coordination Impacts Quality (slides #10-11)   * Discuss the findings of the studies looking at care coordination * Are these findings surprising to you? * How do you think your institution does at communication with internal referrals as well as with referrals from "outside" clinicians/practitioners? | 3 minutes |
| 6 | Limitations of shared EMRs (slide #12)   * Discuss how communication is more than just exchange of information * How is the reason for referral conveyed with shared EMR * How is the type of referral, the role that is requested of the specialist conveyed * What do you really know about the patient or the issues | 3 minutes |
| 7 | Case #3 (slides #13-16)   * Discuss how accumulation of stable patients in specialty clinic can impair access for sicker patients * How do you decide when patients no longer need specialty care (slide #15) (small group discussion an option) * Does your clinic have a list of conditions that can usually be managed by primary care once stable; do you have a transition policy or process * How do you have that conversation with the patient, with the PCP? * Discuss referral policy/policies of your division/department/institution (slide #16) * What processes do you have or need to help improve the referral process? | 7 minutes |
| 8 | Elements of good referrals and action plans (slides #17-18)   * Discuss the three elements listed * Share the High Value Care Coordination web site with trainees | 5 minutes |
| 9 | Summary and Action Plans (slides #18-19)   * Emphasize the importance of COMMUNICATION for good care coordination, not just information * Recommend using preconsultation to promote high value referrals and care * Plan how to improve the referral process, start with one aspect | 5 minutes |