POLICY FOR SPECIALIST AND SUB-SPECIALIST REFERRALS (No EMR)

Specialist Provider Version

Practice Name________________________________________

Purpose:
The purpose of this policy is to establish a process of referring patients, from primary care providers (PCPs) to specialists, and from specialists to sub-specialists, that is well coordinated, patient-centered, and ensures that all providers have timely access to information needed to provide optimal care.

Policy Statement:
It is the policy of this practice to ensure that all staff is trained on the coordination of specialist services between our office and the patient’s primary care provider and that information is exchanged within the defined timeframes.

General Procedures:

I. Receiving a Referral
   a. When a patient is referred from a PCP, the diagnosis and reason for the referral will be used to determine the level of urgency for the visit (refer to Policy 5.7 – Advanced Access Scheduling Policy (SPC) 2016).
      i. Urgent/emergent referrals will have access to care within 24 hours.
      ii. Sub-acute referrals will be scheduled within 1-3 weeks.
      iii. Routine scheduling will be scheduled as needed throughout the calendar year.
      iv. The definition of urgent/emergent, sub-acute, and routine will be at the provider’s discretion.

II. Making a Referral
   a. The practice coordinates with the PCP to make appointments for patients when requested to do so by PCP.
   b. If the patient’s needs require them to see an out of the office specialist or sub-specialist, this practice will schedule the appointment on behalf of the patient and will then notify the PCP of this additional appointment within 2 calendar days.
      i. Any pertinent health information will be sent to the specialist or sub-specialist at a minimum of 2 calendar days prior to the appointment.

III. Patient Communication
   a. It is the responsibility of this practice to call the patient 2 calendar days prior to the scheduled appointment to remind them of the appointment date and time. If the patient must cancel or reschedule the appointment, those situations will be handled during this call.
   b. The clinical care team will prep for the patient’s visit by reviewing any and all PCP referral materials that were sent. The referral materials may include the PCP’s expectations about the specialist visit and expectations of the duration of the specialist’s involvement.
   c. After the completion of the appointment, the patient will be provided a printed/written summary of the visit, which will include the specialist contact information, patient’s diagnosis, medication changes, plan of care, expected duration of the specialist’s involvement, and expectations for follow-up appointments with the specialist and/or the PCP.

IV. Transfer of Patient Health Information
   a. Practice will define parameters for primary care offices to follow that will ensure the timely exchange of patient health information. Parameters may include timeframes, scheduling process, transfer of patient information from referring physician to specialist, and reporting results.
      i. This office will routinely contact primary care offices to ensure they are aware of what information is needed prior to appointments, especially when procedures change.
   b. After the appointment has been scheduled, any pertinent labs or other health related information will be requested from the PCP, and received at a minimum of 2 calendar days prior to the appointment.
   c. If at 2 calendar days prior to the patient’s appointment, labs and other health related information have not been received, a phone call to the PCP will be made requesting the information again. If any pertinent labs have not been completed, then the consultation appointment with the patient must be rescheduled to a later date and time.
V. **PCP Communication**
   a. A pre-consultation between the PCP and the specialist will be scheduled if there is need to clarify the reason for the referral, obtain guidance from either party on the patient’s diagnosis and to ensure optimal and efficient care is achieved.
   
   b. Following the consultation, a copy of the visit summary will be faxed to the PCP within 2 calendar days.
   
   c. If the appointment was not kept, the PCP will be notified via phone or secured message for follow-up. Other information that will be provided to the PCP may include specialist recommendations for future care, including testing, procedures, or follow-up visits.
   
   d. When a patient has self-referred to this office, the office staff will obtain information from the patient about their primary care provider. All self-referral information will be routinely forwarded to the patient’s PCP so appropriate follow-up can be conducted.

VI. **Contact Directory Maintenance**
   a. When practice information or referral procedures change for this office, practices with a significant shared population of patients will be notified as changes occur, or on an annual basis, as necessary. Information updates can include phone number, address, fax, list of key contacts, procedure changes, insurance changes, technology updates, and patient material updates.

VII. **Patient Satisfaction**
   a. This practice regularly evaluates patient satisfaction with its patients to ensure standards for the delivery of high quality care are being met.
   
   c. Surveys are conducted randomly and results are shared with the referring PCP’s and office staff.

VIII. **Staff Training**
   a. All staff members are trained on all aspects of the specialist and sub-specialist referral process.
   
   b. Documentation of staff training will be kept on file.
   
   c. Any updates to this policy will result in prompt documentation and implementation. This will be communicated to all clinical staff and administration in a timely manner.