Lean Business Case > Referral Management

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**Problem Statement**

*Key, direct stakeholders involved with referral management have referred to this process as burdensome…akin to a "treasure hunt" or "scavenger hunt"…and resulting in higher than expected rate of rework due to cancellations of requests*

## Funnel Entry Date

11/20/2024

## Epic Owner

Dr Mark Hausman – Executive Director of Integrated Veteran Care (IVC)

Key Stakeholders

* Office of Primary Care
* Office of Specialty Care
* IVC
* Community Care
* Referral Managers
* Care Coordinators

## Epic Description

To achieve a process that is standardized, timely, transparent, coordinated, and effective.

**For:** Veterans under the care of a VA primary care provider

**Who:** Need referral to ambulatory specialty care provider

**The:** Content, Process, and Technology involved with referral management is as-expected, effective, and efficient from the perspective of both the referral requesting and receiving ends

**Is A:** learning, data-enabled process that reduces manual information collection, management, and processing

**That:** Is observed to be seamless, efficient, and results in a reduction in cancellation of referrals and an increase in access to timely, clinically-indicated (appropriate) care

**Unlike:** the current state that is observed to be a) burdensome due to manual tracking and fulfillment and b) results in a mismatch of expectations between the requesting provider and the receiving provider

**Our Solution:** Is characterized by increased enterprise-wide transparency, traceability, consistency, reliability, and a high success rate.

## Business Outcome Hypothesis

* Average number of days for referral fulfillment (e.g., from initial request to Veteran patient visit with specialty provider, adjusted by urgency of request)
* Proportion of Veterans with at least one favorable experience with referral from their primary care provider to a specialty care provider
* Proportion of referrals for the care of a Veteran that are resubmitted for the same clinical concern
* Reduction in referral cancellation rate
* Reduction referral re-work rate
* Results of Centers for Medicare and Medicaid Services (CMS) eClinical Quality Measure (eCQM) Closing the Referral Loop: Receipt of Specialist Report[[1]](#footnote-1)

## Leading Indicators

* Use of the referral management solution (by clinical concern, clinical nature of referral or target specialty domain)
* Time necessary to fully complete the request for a referral
* Percent of referrals that are cancelled
* Average number of days for referral processing (e.g., referral request accepted by receiving specialist)
* Availability of encounter note or procedure note with specialist provider

## In scope

* Outpatient, ambulatory referral requests
* From VA provider to VA provider (i.e., internal to VHA)
* All VA EHR Systems
* Development of standard data elements and structured data management
* Optimization of the content of referral requests

## Out of scope

* Inpatient consult requests
* From VA provider to non-VA provider (i.e., external to VHA)
* Changes to the workflow of EHR documentation management

## Nonfunctional requirements

* Tools: uptime at or above service level agreement levels; latency lower than established upper threshold
* Auditability: the end-to-end process can be objectively observed and compared against standards and performance measures
* Usability: methods, tools, and process are accessible and usable to those involved in the execution of referral management
* Privacy: the solution adheres to relevant data privacy expectations, such as regulations and laws
* Scalability: the solution is designed to scale to local, regional, and enterprise use
* Interoperability: the solution is based on well-established interoperability standards, including but not limited to data exchange, document sharing, and health care processes

## Minimum Viable Product Features

* Set of Standard Service Level Agreements
* Set of integrated Standard Operating Procedure
* Capabilities to manage data: patients, providers, and processes
* Capabiliites to measure and report performance of the solution

Additional Potential Features

* Automation of data management, processing, analysis, and presentation
* Reports necessary for proactive, data-driven management and oversight of process that reflects the clinical features of referrals
* Analytics (that yield insights) for detection of opportunities for ongoing learning and optimization

## Analysis Summary

*Pending*

## Go / No-Go

*Pending*

## Which Internal and/or External customers are affected, and how?

*Pending*

## What is the potential impact on solutions, programs, and services?

*Pending*

## What is the potential impact on sales, distribution, deployment, and support?

*Pending*

## MVP Cost

*Pending*

## Estimated Implementation Cost

*Pending*

## Type of Return

*Pending*

1. [Closing the Referral Loop: Receipt of Specialist Report | eCQI Resource Center (healthit.gov)](https://ecqi.healthit.gov/ecqm/ec/2022/cms0050v10?qt-tabs_measure=measure-information) [↑](#footnote-ref-1)