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Patient Referral Networks:

Optimizing Referrals across Community Services and Healthcare Providers

As healthcare providers better understand how the social determinants of health impact health outcomes, they look to partner with community-based providers.

With a growing appreciation of the social determinants of health and their impact on patient health, avoidable complications, and readmission rates, numerous healthcare providers are looking to partner with community services providers. Through these partnerships, community service providers can assist patients in receiving critical non-medical resources the patient lacks. These non-medical resources – wholesome food, transportation assistance, housing, education, or employment – have been shown to make medical treatment more effective by removing barriers to proper healing and recovery.

addresses – the full scope of patient needs, regardless of the type of need, its cause, or optimal remedy.

As partnerships have formed between healthcare providers and community service providers, two referral partnership models have emerged: the care directory and the care network. Both models seek to improve access to community and healthcare services but use different approaches to achieve the goal. This white paper describes the two partnership models and examines the advantages and disadvantages of each.

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Patients who receive support from community providers are more likely to follow through with a care plan, take prescribed medication, and attend follow-up care visits. As one example, diabetic patients with a stable housing situation are much more likely to administer required self-care than diabetic patients who lack stable housing. Having a place to store and administer required medicine can turn a non-compliant patient into a patient who progresses toward healthcare goals.

It is no surprise then, that when faced with the challenge of improving patient outcomes, medical providers are increasingly turning to non-medical community providers to close the gap between patient needs and care delivered. Together, healthcare and community providers can deliver whole-person care that takes into account – and

The Care Directory Model

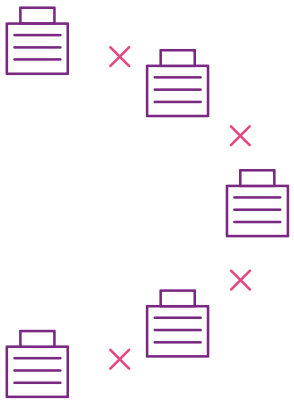
The care directory partnership is characterized by a loosely affiliated collection of service providers who share a common system for patient referrals. The care directory model is further sub-divided into an open directory and closed directory network.

Open Directory Network

In the open directory network, emphasis is placed on patients self-referring for care. The directory is open, online, and free to use for patients. Patients can search the directory and filter results based on need, location, available hours, languages spoken, and other selection criteria.

Open Directory Network Model

A patient connected to a host platform that is connected to multiple providers, who themselves are connected only to the platform and not to each other.



Once a suitable care provider is found, patients can input their personal information online and self-refer to the provider for care. In some cases, patients may be able to request the time and day of the appointment when submitting the request.

The open directory network provides maximum convenience for patients looking for service providers. Searches can be performed for a wide variety of service needs and can be conducted privately, day or night. In urgent situations, patients can use the directory to quickly locate care providers who are available immediately, even during non-standard hours.

While the open directory model is ideal for assisting patients in locating care providers, it is less ideal for improving care after the referral. The open directory lacks tools for collaboration among providers. That same patient may have self-referred to multiple providers at once and may be receiving services from other providers. That important information would not be available to providers.

The open directory is primarily a referral platform, with interactions occurring across the platform only between the patient and the platform host, and the platform host to the care providers individually. Tools are typically non-existent for shared care across providers, collaboration on patient care plans, or even simple communication with other providers in the network.

The open directory is similar to an online phone book – its chief value lies in the convenience it offers patients in locating providers, but the providers themselves do not derive any additional benefit from being listed together in a shared directory environment.

Closed Directory Network

The closed directory model seeks to overcome some of the limitations of the open directory network by enabling direct communication among at least some of the providers in the shared network. The closed directory is characterized by a strong central partner with a loose affiliation of secondary partners. The primary partner is often a healthcare system seeking to develop referral relationships with community service providers. Often the primary partner is the main funding source for the closed directory platform.

It is important to note that the "closed" nature of the directory applies to the partners themselves, not to patients. Patients may still have the ability to go online, perform a search, locate a provider organization, and self-refer to that provider. A chief difference in the closed directory is that the patient will only locate providers who have opted in to the network. By contrast, in the open directory, the platform provider often provides a default listing for providers with no requirement for the provider to opt in or join the network formally.

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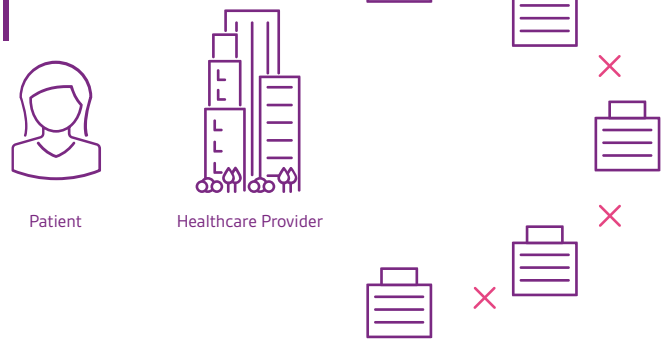
Closed Directory Network Model

A healthcare system as the main partner, with community service providers attached to the healthcare system but not connected to each other.



By exerting more direct control of the network the primary partner is able to dictate the extent of care collaboration among partners. In a very limited network, the closed directory performs almost like the open directory – that is, community service partners may refer patients to the primary partner (the healthcare system) and the healthcare system may, in turn, refer patients to community service partners but no care coordination or collaboration exists among the providers themselves. This model creates a unidirectional referral system, with little to no feedback occurring after the referral has occurred. In a more expansive closed system, referral partners can communicate after the referral has occurred, with some care coordination happening among the two network providers.

Even in the limited closed directory model there exists more communication among providers than exists in the open directory. In the open directory providers may not communicate with each other at all. In the closed directory, at least some communication takes place between the main partner and the affiliate community service partners, even if communication is limited or non-existent with other community service partners who may also be treating the same patient.

As the principal partner in the closed directory is often a healthcare system, the information system of choice is the EHR. Often the referral system is an add-on module to the EHR, with information exchange taking place within the context of a patient health record. While the EHR is essential to the healthcare provider partner, exchanging data within the context of a patient health record may seem foreign to non-healthcare providers in the network.

While the closed directory does improve on some of the limitations of the open directory model, it still limits interactions among network partners, does not facilitate true care coordination, and provides only limited tools for network partners to communicate across the network.

The care network distinguishes itself from the closed directory network by the extent of collaboration tools available, the increased ability for care coordination among all partners in the network, and the ability to work externally from an EHR.

The Care Network Model

The care network model shares some similarities with the closed directory network, such as having an opt-in provider network characterized by a principal network partner. This principal partner may be a healthcare provider or community service provider.

Like the closed directory network, the care network facilitates patient referrals among providers and includes tools for collaboration and communication. The care network distinguishes itself from the closed directory network by the extent of collaboration tools available, the increased ability for care coordination among all partners in the network, and the ability to work externally from an EHR.

While both the open and closed directory models emphasize new patient referrals to community partners, the care network model emphasizes improved care for patients through closer collaboration among all providers. These systems, such as the ClientTrack Care Coordination Platform, provide numerous tools for providers across the network to connect with each other, thus resulting in improved patient care.

Shared Care Plans

The care network provides a shared care plan across all providers to facilitate coordination of care. The shared care plan allows providers across multiple disciplines to contribute jointly to a unified plan for patient care. The shared care plan includes a complete health record with information and history on the patient's medical health, behavioral health, and social determinants of health.

Providers can see other types of care the patient is receiving and can follow up on lapsed care items, such as not filling prescriptions or obtaining healthy food. By seeing the complete care plan, providers can better tailor their patient care recommendations based on other aspects of care delivery.

Provider-to-Provider Communication

The care network facilitates provider-to-provider communication across the network, enabling providers to refer patients to other providers, request a consultation on a case, or collaborate directly to jointly address the needs of a patient. Whereas in the directory model such communication typically takes place only between the principal partner and a secondary partner, in the care network all partners and providers may communicate and collaborate on patient care – even in cases where the principal network partner is not involved.

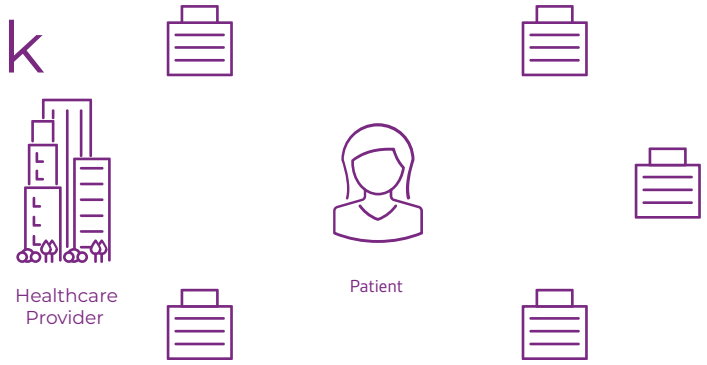
The shared care plan includes a complete health record with information and history on the patient's medical health, behavioral health, and social determinants of health.

Expanded Care Teams

Not only does the care network provide shared access to traditional providers but also to non-traditional providers such as family members, home health nurses, and community caregivers. This expanded care network is a key benefit of the care network model because it allows all concerned parties to view information, submit updates, and record patient progress. Designated caregivers can review care plans, stay informed of prescriptions, dosages, and changes to prescribed medication; and provide updates for all providers on patient status and changes in patient condition.

Care Network Model

The care network facilitates patient referrals among providers and includes tools for collaboration and communication.



EHR Optional, not Mandatory

The medical EHR is an appropriate system for tracking and recording patient medical care but often comes up short when used by behavioral health or community service providers. The care network model offers maximum flexibility by permitting integration with an EHR but not requiring the EHR to be the system of record across the network. Non-medical providers often prefer the format of the care network system – a system designed around whole person care and the comprehensive patient record – rather than a system designed around the traditional medical encounter.

Conclusion

As healthcare providers and community providers seek out new ways to improve patient referrals and care coordination, several options are available for structuring a system. Directory models – either open or closed – are optimized for ease of patient referrals but lack sophisticated tools for care coordination after the referral takes place. The care network model incorporates patient referrals into the overall workflow and is optimized for enhanced care coordination among all providers. The network referral model selected should be given careful consideration, particularly when including behavioral health providers, community providers, and non-traditional providers such as family members or home caregivers.

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