Improving Referrals Tracking Through After Visit Summaries at the Cardinal Free Clinics

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Stanford MEDICINE | Cardinal Free Clinics

PACIFIC FREE CLINIC

ARBOR FREE CLINIC

Background/Need

- Our clinic focuses on transitional medicine meaning we provide transitional care while connecting patient to primary care providers.
- With around 1,400 free clinics serving over 2 million patients annually, many free clinics rely on referrals to a variety of community organizations to connect under-resourced patients to high quality longitudinal care, which include but not limited to: (1) Primary care providers (PCPs) (2) Specialty clinics (3) Insurance counseling

The Cardinal Free Clinics (CFCs) are two volunteer-run free clinics that have recently overhauled their referrals tracking during the transition to seeing patients in a virtual format (telehealth), making substantial changes to the referral protocol.

- Our clinic utilizes an After Visit Summary (AVS) which allows us to ensure patients have been referred to specific care sites. The difference in our AVS is our social needs section, this part of the AVS allows us to connect patients with much needed social resources such as food banks and employment resources. Our AVSs are tailored to every patient specifically and are translated based on the patients language.

Community Partners

- Established in 2005 as a union of both Arbor and Pacific, the CFC mission is twofold:
  1. Provide culturally appropriate, high quality transitional medical care for an underserved patient population
  2. Educate/empower a new generation of healthcare leaders
- Wanting to improve the transitionality and the ability to connect patients to longitudinal care at the CFCs, we turned to revamping our lacking referral tracking system.
- Thank you also for the commitment of primary care networks and specialty care clinics, serving the community of the Bay Area.

Ravenswood Family Health Network | NORTH EAST MEDICAL SERVICES | GARDNER Health Services

Project Description

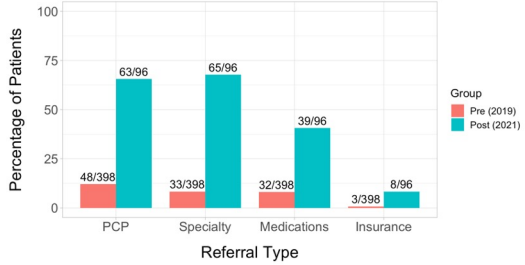
- Given our incomprehensive referral tracking system, which struggled to document the referrals we provide, and partly due to our often buggy EMR system, we wanted to implement a system that was better able to improve tracking in the free clinic setting, which would in turn give us the ability to also track referral success rates.
- The four different types of referrals we chose to look at were those that were especially important to the work of a free clinic and its ability to transition patients to longitudinal care: **(1) PCP, (2) specialty, (3) medications, (4) insurance.**
- Jarve & Dool 2011 suggest that a spreadsheet can be used to track referrals, supplementing an EMR that lacks "ability to track important steps in the referral process".
- Thus, in aims of improving referrals tracking and referral success rate, we employed a multi-pronged approach:
  1. Using a **spreadsheet to track all referrals**, called "Main Logging Sheet".
  2. Employ a **HIPAA-compliant, collaborative Box** with patient-specific folders for volunteers to log referral paperwork/AVS + store our spreadsheet.
  3. **Increasing support for volunteers** by having a referrals "chair" on-site.
  4. **Reduce barriers to workflow** for our volunteers by updating and creating referral/volunteer guides + AVS templates

We compared our the percentages of patients receiving referrals prior to implementing this new system (2019) and after (2021). Additionally, we looked at referral outcomes from these two periods.

We then analyzed these two outcomes using a two-proportion z-test.

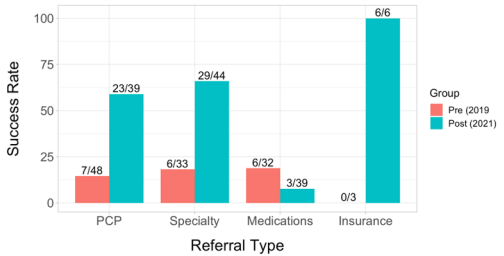
Outcomes

Percentage of Patients Receiving Documented Referrals



	PCP	Specialty	Medications	Insurance
P-value	< .00001	< .00001	< .00001	< .00001

Success Rate of Referrals *



*Numbers reflect only the patients who answered phone follow-up calls.
"Success" meaning patient was able to connect to referral site/receive medications.

	PCP	Specialty	Medications	Insurance
P-value	< .00001	< .00001	0.16452	0.0027

Lessons Learned

- Documenting specific referrals on Main Logging Sheet/Box folders has helped us better our follow-up care for our patients, either in our phone calls or in-clinic visits.
- Being able to track referrals allows us to also track referral outcomes, highlighting opportunities for QI in training or in communication with patients/training.
- Connections with community organizations strengthened as referral tracking improved transition and increased communication that came with updating protocol.
- Improved support of volunteers during clinic day made reporting on the referrals spreadsheet/Box folders easier to implement.

Future Directions

- Tracking of referral outcomes will allow us to assess the success of transition of care from our clinic to other medical resources.
- Currently, we are informed of the success of past referrals by patients during follow up calls. However:
  - We lack data on referral outcomes for the many patients that do not answer follow up calls two weeks post clinic visit.
  - Processing of referrals to some medical resources exceeds the two week time point at which we follow up with patients.
- We intend to take the following next steps to improve tracking of referral outcomes:
  1. Communicate directly with community partners to confirm success of referrals made, update data on spreadsheet.
  2. Assess updated outcome of referrals with statistical analysis.
  3. Identify areas for improvement in current referral documentation and in referral instructions provided to patients to improve transition of care.
  4. Develop both email and phone surveys for patients to report on outcomes of social needs referrals.

Acknowledgments

We would like to first thank the hard work and dedication of all of our volunteers students/attendings who helped us implement this system at the CFCs.

- Thank you to the community outreach managers of this past year, Jiwoo Lee and Neil Wary, for their leadership, especially in light of the difficulties of telehealth.
- Thank you also to the leadership of Songnan Wang, who helped connect/standardize the implementation of this protocol and our teams across both clinics.