**TITLE: Referrals**

**PURPOSE**: To ensure appropriate management of the referral process

 **PROCEDURE:**

1. **Referral Initiation and Tracking**
2. The requesting provider will complete the referral form in the electronic health record to include referral reason and necessary clinical information including urgency of referral and the general purpose (consultative, transfer of care, co-management). The referral will be sent by the provider to the. Inbox of the Medical Assistant (MA) on their team.
3. The Medical Assistant will ensure the referral is complete, adds it to the tracking log, and, if necessary, communicates with the insurer to get authorization. It is expected that authorization will be obtained within \_\_\_ days for urgent referrals and within \_\_\_days for routine referrals. If authorization takes longer than this, the MA will notify the provider.
4. The MA is responsible for ensuring that an appointment for the patient with the specialist is scheduled. Depending on the specialist, the MA may make the appointment or the patient will make it themselves. Urgent referrals should have an appointment to be seen within \_\_\_days, routine within \_\_\_ days or as specified by the provider. If the patient can’t get an appointment within the recommended time frame, the provider will be notified.
5. If the patient makes the referral directly with the facility or specialist they are asked to be sure the PCP is informed of the appointment date. The hospital will send a fax to the clinic confirming the appointment date and time for record keeping. Once the appointment date and time is confirmed, this information will also be documented in the patient’s medical record for referral tracking.
6. When faxes are received which indicate the appointment date and time of the specialist appointment, the faxes will be sent to the Medical Assistant on the patient’s care team. The Medical Assistants are responsible for entering appointment information in the patient’s medical record and on the referral tracking log.
7. When the specialists report is received, the MA will scan the report into the patients EMR and route it electronically to the patient’s primary care provider for review. The referral tracking log will be updated to close the tracking loop. Any information within the report that has been designated to be abstracted (mammogram or HgA1c testing, for example) will be entered into the appropriate structured data fields or used to update the patients EMR record (medication lists or problem lists, for example)
8. Providers will review and sign off on specialist’s reports in the EMR within 2 business days.
9. If a patient has attended his or her appointment, and the clinic has not received the specialist’s report within one week of the appointment date, the specialist should be contacted by the MA for further follow-up.
10. At the end of each week, the MA will review the referral tracking log and f/u on any referrals in process that have past the date of expected action. Once the consult note is obtained, the referral is changed to “complete” status. All actions for referral f/u are documented in the log and patent’s record.
11. **Continuity with External Specialists**
12. Patients are informed of the importance of communication between specialists and the PCP team. This is communicated to new patients in our New Patient Brochure. Additionally, at all visits as part of the intake assessment process, patients are asked if they have seen a specialists since the last visit, including one that the PCP team is not aware of.
13. When appropriate, agreements are made with specialists to identify how best to co-manage the complex patient. This will include a written plan for what information is shared in what time intervals and what aspect of care is to be lead by which provider.