

How Can Federally Qualified Health Centers Ensure A Streamlined Referral Process?

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Submitted: 09 Jan 2019; Accepted: 16 Jan 2019; Published: 01 Feb 2019

What are Federally Qualified Health Centers and what they do?

Federally Qualified Health Center (FQHC) in the United States is a non-profit entity comprising of clinical care providers that operate at comprehensive federal standards. The care providers in FQHC are a part of the country's health care safety net, which is defined as a group of health centers, hospitals, and providers who are willing to provide services to the nation's needy crowd, thus ensuring that comprehensive care is available to all, regardless of income or insurance status. FQHC is a dominant model for providing integrated primary care and public health services to low-income and underserved population. There are two types of FQHCs, one receives federal funding under Section 330 of Public Health Service Act and the other meets all requirements applicable to federally funded health centers and is supported through state and local grants. To receive federal funding, FQHCs must meet the following requirements.

- Be located in a federally designated medically underserved area (MUA) or serve medically underserved populations (MUP)
- Provide comprehensive primary care
- Adjust charges for health services on a sliding fee schedule according to patient income
- Be governed by a community board of which a majority of members are patients at the FQHC

Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.

Scope of Services of an FQHC

- 1) Basic Health Services
 - a) Health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives;
 - b) Diagnostic laboratory and radiologic services;
 - c) Preventive health services
 - d) Emergency medical services;
 - e) Pharmaceutical services as may be appropriate for particular centers

- 2) Referrals to providers of medical services and other health-related services;
- 3) Patient case management services (including counseling, referral, and follow-up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, educational, or other related services;
- 4) Services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals);
- 5) Education of patients and the general population served by the health center regarding the availability and proper use of health services

Existing Patient Referral Workflow in an FQHC

A Federally Qualified Health Center has many PCPs who attend to many patients with different health problems. The PCP initiates referrals when the patient needs an additional diagnosis from an imaging center or a specialist practice. The following are the steps, through which a referral flows,

1. **Referral Initiation** - The referring provider gives the details of the patient and diagnosis to the central referral coordinating team. A referral coordinator will study the demographics of the patient and the diagnosis required.
2. **Insurance Pre-authorization** - If the patient has an insurance coverage, the referral coordinator will validate the same. This step is required to find out which imaging center or specialist practice will cover the medical expenses.
3. **Finding the right provider** - Depending on the treatment required, insurance coverage, patient's convenience, and the referral coordinator will narrow down the search and find the right receiving provider for the referral.
4. **Sending out the referral** - After finding the right provider, patient information and the diagnosis details are shared while referring. The referral coordination team can share the information via phone, fax, email, etc depending on the source that suits the receiving provider.

Challenges faced

The referral creation involves tedious manual work due to the following reasons.

- **Insurance pre-authorization** - The physician must check the pre-authorization requirements, health plans, etc. He must retrieve patient-specific data like the history of medications, medical diagnosis and insurance coverage. The physician must then send it to the insurance company so that they can validate the same. This client did not a dedicated team or software to do insurance pre-authorization which increased their burden.
- **Finding the right specialist/imaging center** - The number of imaging centers and specialist practices is increasing day-by-day. It takes a lot of time and effort for the referral coordinator to narrow down the referral coordinator's search and find the right one.
- **Time Spent** - As the referrals are handled manually, a referring coordinator spends about half-an-hour to one-hour for a creating referral on an average and even more time in following up the same.
- **Lack of effective modes of communication** - There is no effective platform to share patient's sensitive data or communicate with the referring or receiving provider. The physicians are not available over calls or messages which make the situation worse. There is a need for a standard HIPAA compliant application that the referring and receiving providers can use to share information which helps in referral documentation.
- **Tracking the referral** - Specialists are usually busy. They do not have the time to inform physicians about the progress of referrals. So the physicians are unable to track referrals. They get no information about appointments, referral loop closure or feedback from specialists or patients.

Case Study: Vista Community Clinic from California experienced 20% increase in the number of referral loop closures

Vista Community Clinic (VCC) is a leading FQHC based out of California. The FQHC gives the marginalized community access to high-quality health services. They are key regional health providers with 8 state-of-the-art clinics treating more than 65,000 patients annually. Due to the huge number of patients, they face many challenges in managing their referral process. They created referrals from different clinic sites in their EHR. From there a centralized referral team picked up the referrals for further processing. Then the team sent the referrals out to 400+ Specialists in their region.

Customer Challenges

- No single system for referral coordinators to manage referrals
- Cumbersome insurance pre-authorization process
- Issues with standard referral order, specialist letter, reminder notification templates
- Ineffective referral follow-ups which affected referral loop closure

Solution

After complete analysis of the challenges faced by VCC, HealthViewX identified the need of the hour was streamlined patient referral workflow. HealthViewX Patient Referral Management solution introduced the following features which solved their challenges.

1. **End-to-End referral lifecycle management** - HealthViewX

platform with its dynamic forms, workflows, task lists, reports and integration capabilities helped in automatically pulling referral orders from their EHR in real-time.

2. **Insurance pre-authorization automation** - HealthViewX payer management module managed payer details, direct authorization modes & procedures, payer forms and online portal links. It automated the prior authorization submission for referral coordinators.
3. **Automated Specialist / Patient Notification & Reminders** - HealthViewX Template and communication engine allowed referral coordinators to choose the relevant format and mode of delivery for Specialist/Patient communication.
4. **Secure Online referral portal for Specialists** - HealthViewX understood the specialists' referral preferences. It ensured that specialists receive referral details and communicate in a simple and secure way thus facilitating referral loop closure.

Impacts

1. 40% increase in number of referrals processed daily
2. 50% reduction in prior-authorization approval time
3. 30% improvement in the efficiency of the referral coordinators
4. Improved scores for Meaningful Use Stage 2 measure
5. Improved scores for Patient-Centered Medical Home (PCMH) Standard 5 measures

Are you a Federally Qualified Health Center looking an effective Referral Management Solution to manage your outbound referrals? HealthViewX Patient Referral Management solution helps FQHCs in managing their referral network and increasing their revenue.

HealthViewX Patient Referral Management solution for FQHCs

HealthViewX Patient Referral Management solution provides easy steps to integrate with a practice's EMR/EHR system. The patient demographics, diagnostic reports, test results or any sensitive information can be transferred safely. The solution is HIPAA-compliant with complete data security. It has the following features,

- **Outbound Referrals** - HealthViewX Referral Management Solution can integrate with both the receiving and referring end. For inbound referrals, it helps in channelizing various sources into one single queue. In case of outbound referrals, it facilitates integration with the existing system to read the patient data and send out referrals.
- **Referral Timeline** - In HealthViewX Referral Management System, any referral has a timeline, to capture and notify the progress of the referral to all the stakeholders. A referral will be mapped to a status which helps in tracking it better. With this, the providers can always be aware of how the referral is progressing.
- **Workflow and Task Management** - A workflow can be defined on how the referral flow must be (business rules). Tasks can be created to manage referrals by assigning it to the respective person.
- **Improved communication** - HealthViewX Referral Management Solution supports messaging and calling features for the referring and the receiving providers to stay connected.
- **Data Management** - The solution is HIPAA compliant and enables secure data exchange of all patient-related documents.
- **Seamless Integration** - The solution can seamlessly integrate with any EMR/EHR/RIS or Third Party application thus providing minimal disruption in the existing referral flow.

- **Referral History Consolidation** - The consolidated data regarding the referrals and the referral history of any patient can be printed as a hard copy at any time in pdf/excel.
- **Smart Search** - HealthViewX Referral Management solution has a smart search facility that helps in finding the right provider for the treatment required.
- **Referral Data Analytics** - Referral data-centric dashboard give s complete data regarding the number of referrals flowing out, the number of referrals in various statuses, patient follow-ups, etc.

Reference

1. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf>

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