Improving Care Coordination in Patient-Centered Medical Homes: An Assessment of Referrals and Coordination Between Primary and Specialty Care
Amanda Borsky, MPP; Linda Pikulin, MA; Shing Lai (Angie) Cheng, MPH; Thomas Bickett, MA

Background

• By June 2011, Navy Medicine implemented the patient-centered medical home (PCMH) model of care—Medical Home Port (MHP)—in its family medicine and pediatric clinics.
• Care coordination is a key element of the MHP and it is one of the five PCMH characteristics, according to the Agency for Healthcare Research and Quality.
• The MHP team is encouraged to perform at the top of their licenses and focus on treating the whole patient and providing preventative care, such as screenings. This can require referrals to specialty care.

Research Objective

• To assess referral patterns and care coordination between the MHP and specialty care providers in the Military Health System (MHS), U.S. Navy.

Study Design & Population

• Mixed-method study (quantitative and qualitative components).
• Qualitative data collected from semi-structured group discussions conducted via phone with providers and staff at seven family medicine and pediatric MHPs that are part of the MHS at four Navy facilities.
  • Naval Hospital (NH) Oak Harbor, NH Pensacola, Naval Health Clinic (NHC) Charleston, and NHC Quantico.
  • Respondents: primary care and specialty care providers, case managers, nurses, corpsmen, and business office staff (n=73).
• Quantitative data will be collected from a retrospective analysis of MHS claims data to determine the change in specialty referral patterns before and after PCMH implementation (results forthcoming).

Findings

Referral Process

• On behalf of their patients, MHP providers can request a referral to a specialty care provider, usually through the Referral Management Office (RMO). The RMO determines whether the specialty care services can be provided within the MHS. If not, then the referral is sent to the network (outside the MHS).
• One site tracks referrals on team and provider levels to monitor the appropriateness of referrals. Another site monitors the referrals generated from urgent care visits to encourage follow-up care within the MHP. For more complex patients, some sites also use case managers to help coordinate care between the MHP and specialty care.

Referral Guidelines and Referral Appropriateness

• One of the four sites posts referral guidelines on its internal SharePoint site to help educate MHP providers when a referral may or may not be appropriate. Some specialists also post additional guidelines specific to their specialty. At another site, one provider noted he/she refers to guidelines on an external hospital website; at yet another site, the MHP reviews the previous day’s referrals for education purposes and to assess what can be done within the MHP.
• The RMO and MHP staff at all sites use the MCG—formerly called Milliman Care Guidelines—to determine whether the referral is appropriate before sending it to the network.
• There was mixed feedback by site and by provider type regarding whether referrals to specialty care were appropriate and whether there was variation by referring provider specialty level (i.e., MD, NP, PA). While overall, most think the referrals were appropriate, several specialists at one site noted that they received referrals from the RMO that could have been handled within the MHP (i.e., did not need specialty care). One specialist specifically noted seeing more inappropriate referrals from mid-level providers (NPs and PAs).
• A common concern from specialty providers within the MTF regarding the appropriateness of referrals was that patients are referred to the specialist without the MHP completing a full workup evaluation (e.g., test or x-ray). Some specialists will notify the referring MHP provider that the patient must receive a specific test before the specialist will accept the referral.

Information Sharing

• Overall, most MHP providers commented that they received information back from specialty care providers about the nature of the referral. However, some expressed concern regarding the delay between the specialty care encounter and the entering of information into electronic health record for their review.

Conclusions & Implications

• Little was known about the impact of the MHP on referrals; these results provide an initial contextual understanding.
• From the provider perspective, coordination between the MHP and specialty care is going fairly well. However, there is variation by site and by provider type—and so room for improvement.
• MHPs should ensure patients receive a full workup prior to referring patients to specialty care.
• MHPs should try to use resources within the MHP before referring to specialty care.
• MHPs that do not use formal referral guidelines for providers should consider adopting them, as comments from sites using referral guidelines were generally more positive.

Funding Source, Approvals, Disclaimer

• U.S. Department of the Navy, Bureau of Medicine and Surgery.
• Western IRB (Protocol # 20101816); Office of the Assistant Secretary of Defense for Health Affairs/TRICARE Management Activity, Human Subjects in Research Protection Office (Protocol # CDO-IO-2019-A); Data Use Agreement (DUA) received from TRICARE Management Activity (DSA #110-7079).
• The views expressed in this paper are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.

Contact

Amanda Borsky, MPP, 703-824-2209; borsky@cna.org
CNA Health Research and Policy – 4835 Merx Center Drive – Alexandria, VA 22301 – www.cna.org