Writing a Referral You Would Approve of: Secrets of a Utilization Reviewer

Rebecca Ballard, MD, FACCP, CCHP-P
Utilization Management Medical Director

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Educational Objectives

- Identify appropriate/inappropriate reasons to refer
- Create a well-written, thought out, clear, concise consult
- Understand medical/legal obligations of specialist recommendations
- Deliver right care at the right place at the right time

Why Do You Want to Refer?

Appropriate:

- Need assistance in making a diagnosis
- Continued care beyond scope of on-site modalities and services
- Age-specific screenings per approved guidelines

Not Appropriate:

- Because the patient has seen a specialist previously
- Because specialist/hospital discharge said so
- Want someone else to give the unpopular answer (RMD or UMPA)

Deconstructing the Referral

- It takes time to write a referral
- It takes time to track a referral
- It takes time to review a referral
- It takes time to make a determination (Approve/ATP)
- It takes time to schedule an approved referral

How do we optimize our time, avoid delays in care and provide medically indicated services?

Referral Begins with the Patient

- Evaluate the patient
- Perform targeted history and physical
- Develop a differential diagnosis
- Consider on-site resources available to narrow the differential diagnosis
- Collegiate consult with colleagues, Medical Director/SMD/RMD

History, History, History – Cardinal 7

1. **Location.** What is the location of the problem? Is it unilateral or bilateral?
2. **Quality.** Describe the pain/problem. Dull, burning, sharp, stabbing?
3. **Severity.** Describe the intensity, how is it affecting daily function
4. **Duration.** How long has the problem been an issue?
5. **Timing.** Worse in the morning or evening, constant, waxes/wanes? Is it associated with any activity, eating, bowel movement?
6. **Modifying factors.** What makes it better or worse?
7. **Associated signs and symptoms.** Nausea/vomiting? Fevers/chills? Radiation down leg?

Utilize On-Site Resources as Needed

- Ancillary services to narrow differential or guide treatment:
  - Lab, x-rays, point-of-care testing (eg. occult blood stool testing, urine dip)
- Clinical services
  - Know and utilize available on-site specialty clinics -podiatry, physical therapy, optometry
- Educational resources
  - UpToDate, textbooks, econsult (Rubicon), colleagues to discuss clinical questions
- Curbsides
  - Off-site specialists may be asked about generic approaches to a condition or follow-up questions about specific patient

Are You Ready to Refer?

- Assessed patient and documented history, PE, assessment and differential diagnosis
- Addressed elements of differential diagnosis
- On-site resources utilized but still need help
- Know what the question you are asking and anticipate the specialist needs so to answer
    - Ensure labs, x-rays, hospital reports, physical therapy notes are attached (inflammatory markers for rheumatology, stool studies for GI eval of diarrhea)
    - Document in referral patient's response to previous/current treatments

-----You are ready to refer!------

Completing the Referral

- Accurate demographics, service and facility
- HPI written as if you were directly interacting with the service provider – "give report"
  - "This is 72 year old male with PMH of CAD with 6 months of progressive dyspnea on exertion…"
- Include your HPI cardinal symptoms and physical exam
- Summarize what you have done on-site so far
- They may not have access to your records – what you give is what they get
- Ask the specific question(s) that you want answered

Not Intuitive – It's a Skill

- You know medically what the patient needs
- You know why the patient needs it
- If you don't, start go back to slide 8
- Communicating the importance of that medical need to someone who has never met the patient is not easy
- It is a skill that most often has to be learned
- Best way to learn? Review the referrals of others

Give Specialists What They Need

- Thorough, concise, organized presentation
- Pretend the reviewer/specialist has never met the patient (because it's likely they haven't)

You tell the clinical story, not the patient

- Document medical necessity of request and the question you want them to answer
- Orthopedics: X-ray, history of analgesics, activity restriction, physical therapy, affect on ADLs
- Neurosurgery: MRI, analgesic history, activity restriction, physical therapy, affect on ADLs
- Cardiology and cardiology testing: EKG, Holter results, prior stress test or cardiac cath results

The Morning After: Follow-Up Requests

- Obtain notes from specialist's visit or test reports to be aware of the actual findings, recommendations so to continue care
- "You" probably paid for the service – you have a right to the information
- Specialists ask for "follow-ups" often out of habit, because of Medicare/Medicaid audit criteria, or genuinely want to see how patient is doing
- Sometimes the specialist is unsure of access to care the patient has back at the facility and do not understand the level of medical resources at the site
- Frequently PCP can provide follow-up for the patient and refer as clinically indicated
- Consider following up with patient on site a few weeks before recommended f/u and determine if further advice is needed

The Morning After: Be Prepared for the Inevitable

- If you refer to surgeon, surgery will likely be recommended
- If you refer for pain, narcotics or worse will be recommended
- Anticipate how you will respond – if you didn't want to tell a patient "no" for a service/medication, what will you do when you have a specialist recommending it?
- Specialists don't see a problem with making comments like:
  - "I recommend a bottom bunk"
  - "Patient should have special shoes"
- They don't work in the correctional setting and are unable to appreciate the reasoning for the requests and the potential consequences of the recommendations

Addressing Specialist Recommendations

- Recommendations from specialists are recommendations – not direct orders
- Recommendations are to be reviewed in the context of patient's medical and security condition
- Some recommendations cannot be implemented or are inappropriate
- YOU are the correctional medical expert and can make the determination of what is needed or indicated

Addressing Recommendations

- It is okay medically and legally not to follow any or all recommendations
- Document which recommendation(s) you are or are not implementing and why
- If follow-up is recommended, consider follow-up on-site first to see how patient is clinically doing
- Referral back to specialist is appropriate if patient is not meeting the treatment plan expectations

Inappropriate Referral Reasons

- “Because the specialist told me to”
- You are the primary care provider and should keep up to date on the patient’s current clinical condition, continuing to assess need for specialty care or other interventions
- You coordinate and direct patient care
- Handing over the decision to say “no” to another provider like your RMD/UMPA, complicates care and makes the question of medical necessity blurry which increases risk for everyone

Incomplete Referrals are Risky Business

- Referrals that are missing information may delay care
- Referrals that are returned for more documentation to determine medical necessity should be reviewed and resubmitted with the needed additional info promptly
- They are in limbo until they are completed by you
- Significant delayed response to request for additional information to process your referral could be construed as delay in care

Alternative Treatment Plans (ATPs)

- A referral is not “denied”
- If the request does not appear to be medially indicated, the Physician Advisor should suggest an ATP for consideration instead
- ATP should be clear, concise
- If you accept the ATP, document agreement in the chart and follow established protocol of documentation and employing ATP
- If you appeal the ATP, document why you are not in agreement with it and follow your appeal protocol

How to Optimize Time

- Writing a referral - Save time with a well thought, accurate, medically-indicated referral
- Reviewing a referral - Ask a specific question, give the specialist everything they may need
- Making a Determination for a referral
  - UM is able to make a determination faster if all appropriate information is included including attached EKGs, labs, x-ray results, outside consult notes
- Usually takes more time and thought to not approve
  - A referral should not be “denied” but rather given an ATP which takes thought and time for formulate and clearly communicate
- Scheduling – An efficient approval process helps with scheduling and prioritization of treatment

Care of the Patient

- Advocate for the patient
- YOU direct the care - not the patient
- Approval process reviews “Can the referral be approved based on the information provided?”
- Approval process should not look for “How can we not approve this referral?”
- Would you approve the referral as written?

Utilization Management Patient Care Goals

The Right Care

The Right Time

The Right Place

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