

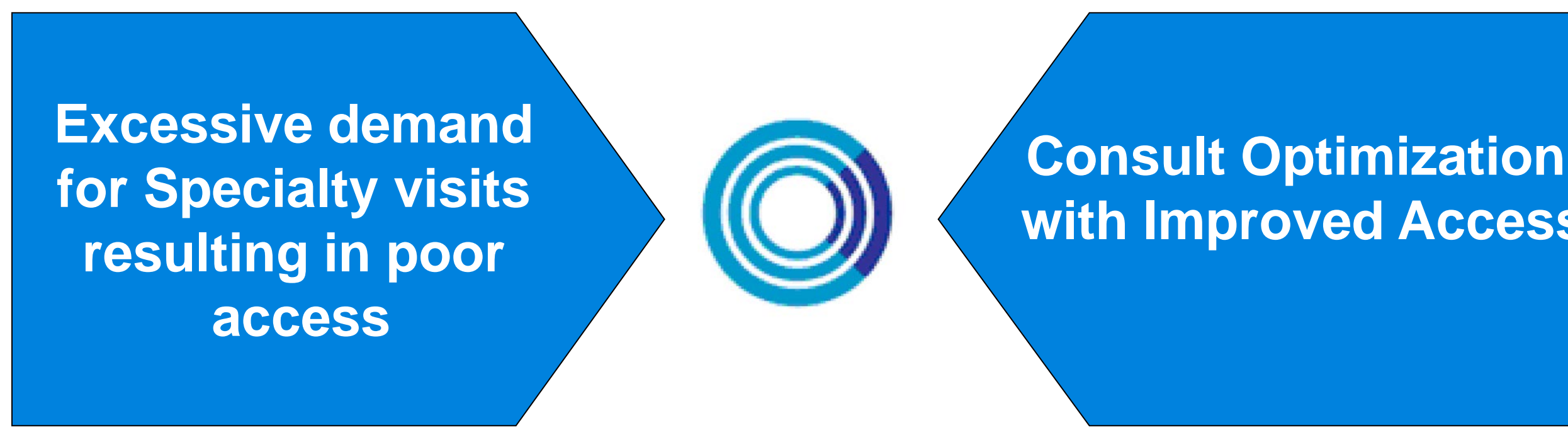
California Health Improvement Project (CHIP)

Specialty Consult Optimization: A Path Toward Improved Access

Myung-Moo Lee, MD
Kaiser Permanente Downey Medical Center, Downey

Problem Statement and Underlying Causes

Access to specialty care has been problematic for Downey Medical Center. Over the past decade (ending 2012), despite membership growth of only 5%, specialty referral volume has surged by 71%. In the Kaiser system, all internal referral requests result in specialty appointments without review, despite the fact that many don't require specialty care. Reasons for the increased volume of referrals include primary care provider time constraints, established practice patterns, under-utilization of available technology (EHR messaging, telemedicine), and knowledge gaps.



Project Description

Optimize the consultation process by first assembling an interdisciplinary Consult Optimization Action Team (COAT). The team will track primary care provider referral rate metrics, address educational opportunities, and promote technology to reduce demand for specialty visits and improve access.

Goal and Objectives

Goal: Reduce Demand for specialty visits and Improve Access.

Output-oriented Objective: By Q4 2014:

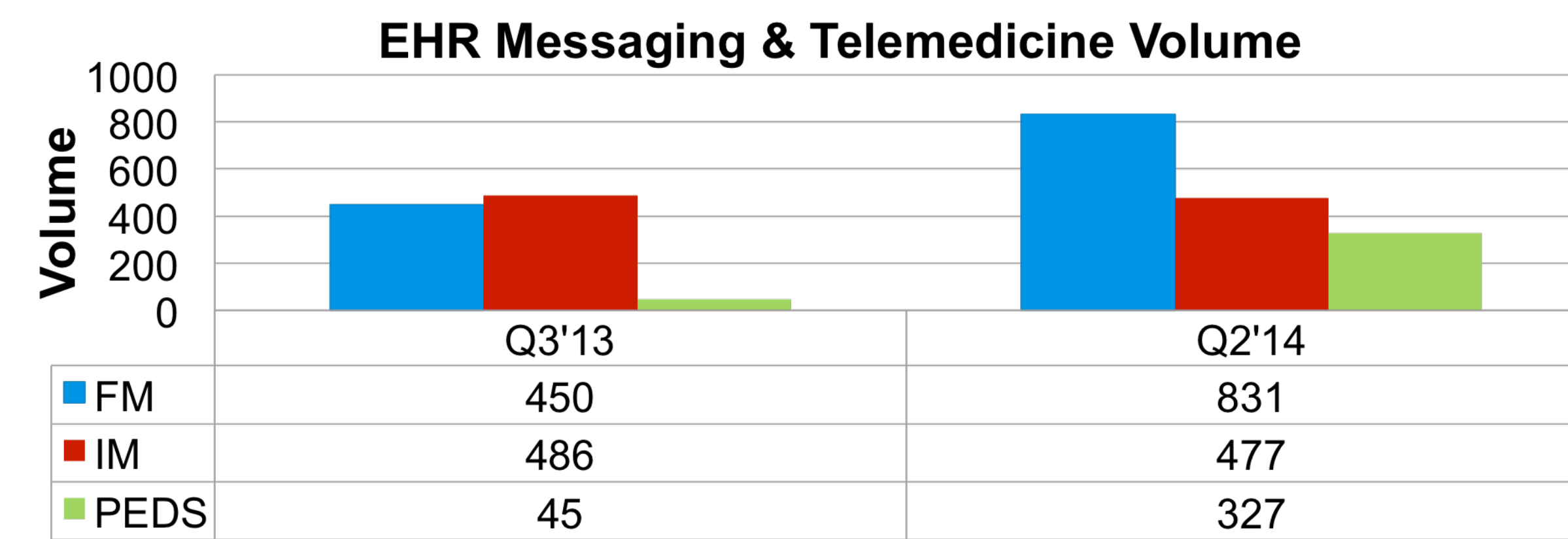
- A) After quarterly promotion and dissemination of EHR-based specialty messaging & telemedicine utilization rates to primary care, utilization volume will increase by 50% as tracked in the EHR compared to Q3 2013.
- B) After bulleted specialty education & quarterly dissemination of un-blinded individual provider referral rates to primary care, specialty referral volume from primary care will decrease by 10% as tracked in the EHR compared to a year earlier.

Outcome-oriented Objective: By Q4 2014, after dissemination of provider referral rate data, EHR messaging & telemedicine data, and specialty education to primary care:

- A) Consult access for each specialty department (in Average Days Wait) will improve by 10% compared to Q4 2012.
- B) Overall patient satisfaction score (based on random mailed patient survey) will improve to at least 9.0 (1 to 10 scale) for the medical center.

Outputs & Outcomes

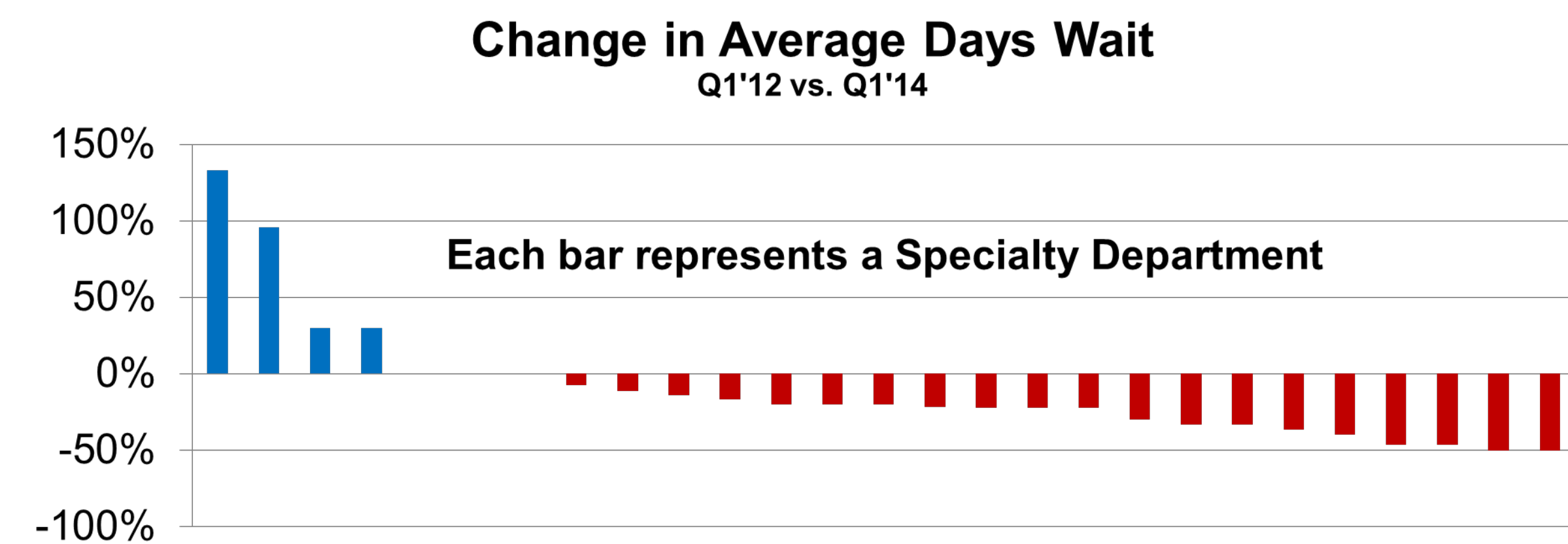
Outputs Achieved



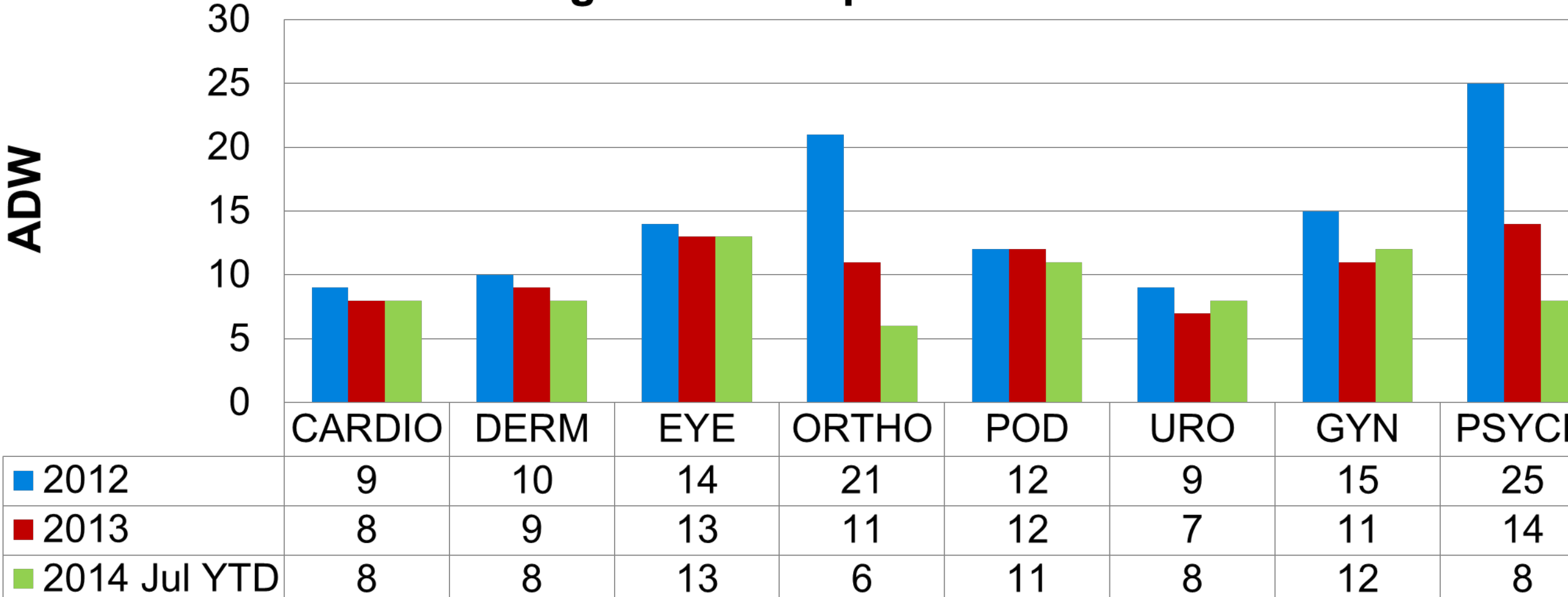
%Change in APC Referral Volume to Specialties (2 Quarters ending Q1 '13 vs Q1 '14)



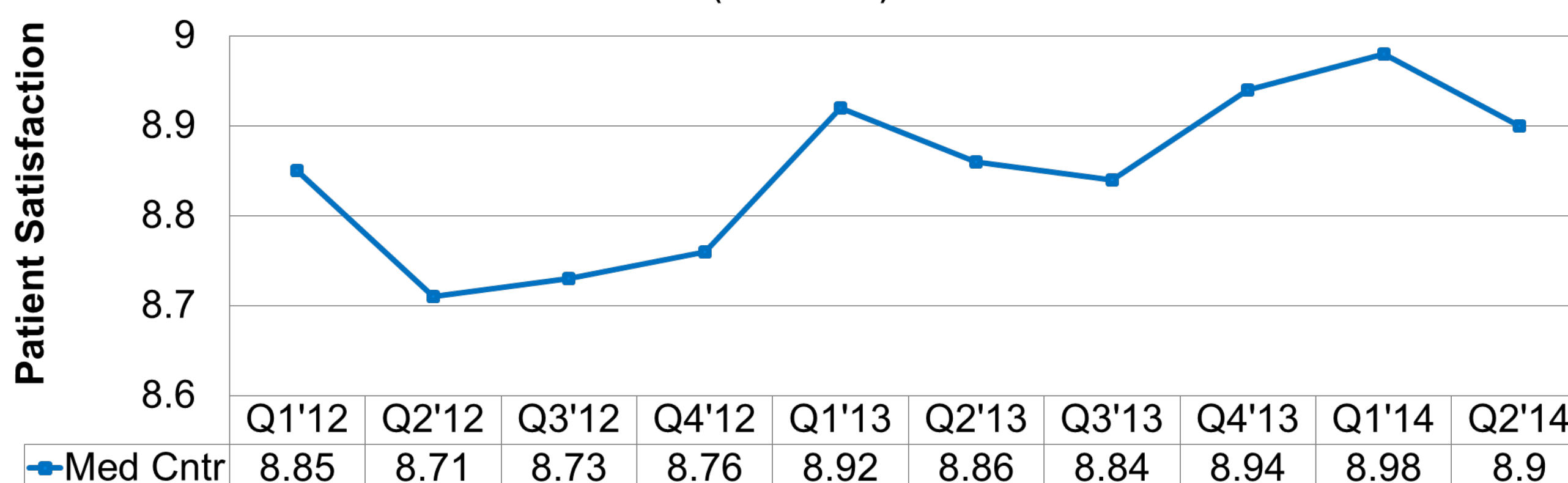
Outcomes Achieved



Average Days Wait Trend for High Volume Specialties



DMC Appointment Satisfaction (1 - 10 scale)



Lessons Learned

- ➔ In retrospect, early engagement of mid-level primary care leadership would have improved communication, and expedited results.
- ➔ Un-blinding referral rate metrics, systematic primary care provider education, and use of EHR messaging/telemedicine reduces demand for specialty visits.
- ➔ Data confirmed that optimizing specialty consultations improves access (ADW and satisfaction).
- ➔ Based on these findings, decreasing demand for specialty visits may reduce the growth trend for specialty FTE's and improve affordability, better positioning the organization for growth under the ACA.

About My Organization

Kaiser Permanente Southern California is an integrated managed care health plan with 3.7 million members. KP DMC is one of 13 KP Medical Service Areas within KPSC, serving 317 thousand members among a densely populated urban and suburban community of 1.58 million people. The community is younger than the state average (42% younger than 25 years old), with a dominant Hispanic/Latino ethnicity (70.1%). 31.7% of the community have limited English proficiency and 43% are categorized as low income.

KP DMC is comprised of a 350 bed hospital and 8 medical offices staffed by over 500 physicians. Its mission is to provide affordable high-quality health care services to improve the health of its members and the communities it serves.

Contact Me

For more information, contact me:
Myung-Moo Lee, MD
Assistant Area Medical Director
Myung-Moo.Lee@kp.org

CHCF HEALTH CARE LEADERSHIP PROGRAM

To learn more about CHCF go to:
<http://futurehealth.ucsf.edu/>