

Ramesh Kesavalu, MD, Co-Chair, Physician Leadership Council, [Ramesh.Kesavalu@Lakesidemed.com](mailto:Ramesh.Kesavalu@Lakesidemed.com)  
Lakeside Community HealthCare, Los Angeles

## Project Description

Improve access time for urgent referrals to specialists by promoting direct primary physician to specialist physician communication.

### Problem Statement:

Urgent referrals should be seen by specialty physicians within 4 days, per DMHC standards. In reality, this is not met and patients seek urgent help in ER or may have negative outcomes.

### Discovery:

60+ interviews (Physicians, mid-levels, specialists, prior authorization personnel, administrators).

- Most interviewees agreed on the difficulties of specialist access for urgent referrals. I was surprised they did not think direct communication with specialist was important in obtaining appointment date and facilitate information exchange.
- While there were several challenges, the logistical challenge of crossing several layers to get the specialist on the phone was the most significant one.
- To alleviate this, in June 2018, I operationalized Tiger Connect smartphone app that is HIPAA compliant and can be downloaded onto the personal cell phones of referring providers as well as specialist providers.
- While employed providers set this up with minimal difficulties, getting the community IPA specialist providers onboard was a challenge. Even the specialists who activated the smart phone app, did not use it consistently as only a portion of their patients were from Lakeside IPA.
- In January 2019, I pivoted from the initial smartphone app to an expanded intervention to also include direct cell phone contact (by providing the specialist cell phone numbers to our primary physicians), direct phone calls via traditional office line, secure email and EMR tasking.

### Goal:

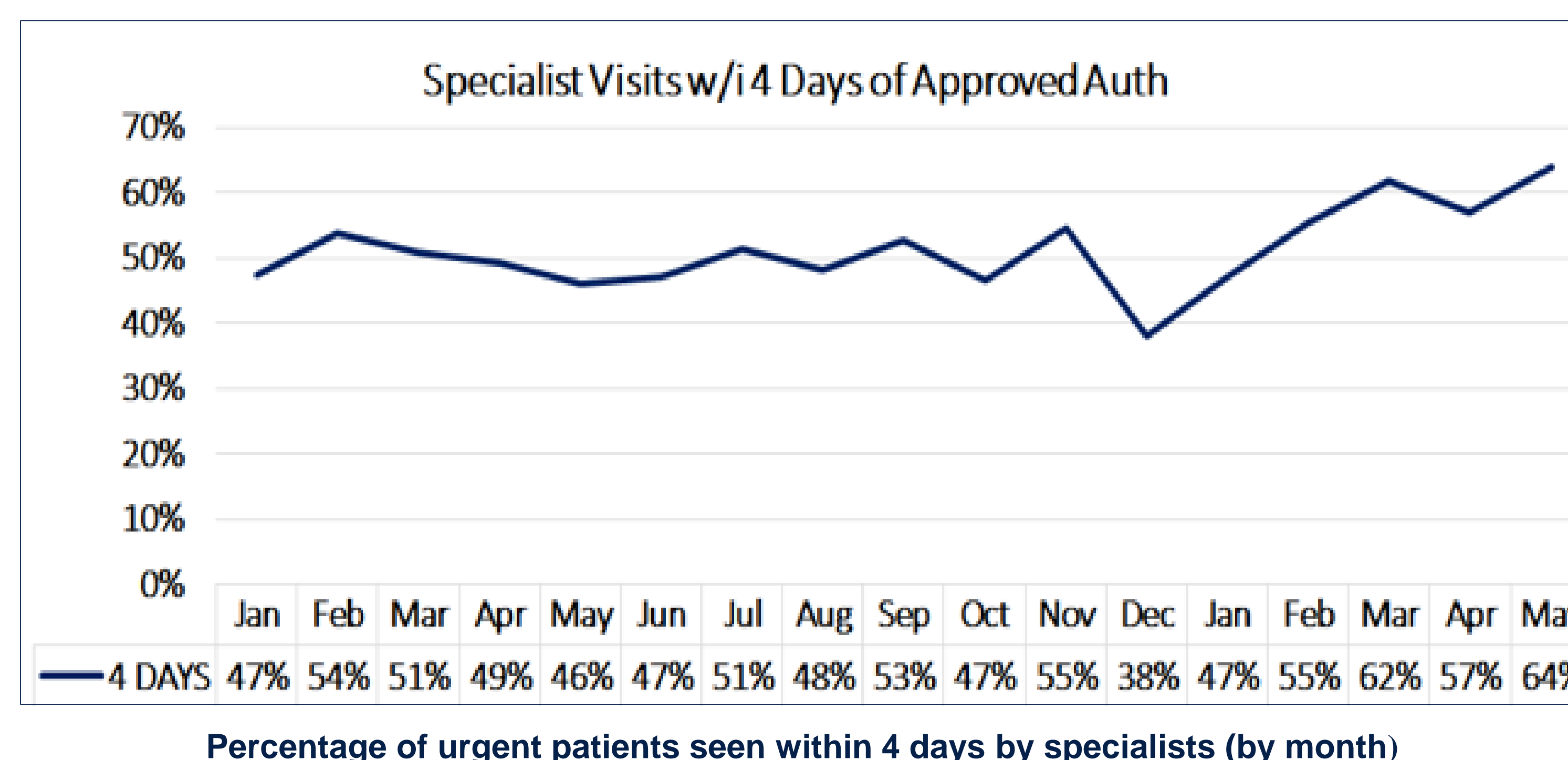
Improve specialty physician access time for urgent referrals, to less than 4 days.

### Outcome-oriented Objective:

By September 2019, improve access time for urgent specialty referrals to less than 4 days for 70 % of our patients.

## Results

- Urgent patients seen by Specialists within 4 days, increased by 8%.
- Would expect further continued incremental gains as intervention gains momentum.



## Lessons Learned

- Most providers embrace HIPAA compliant texting as a form of communication. However, some have a strong preference for cellphone calls, landline calls and a few for EMR tasks and email.
- Provider to provider direct communication gets urgent patients seen quicker, increases clinical competence and decreases inappropriate urgent referrals.
- Providers are resistant to habit change. There is an inertia that can be overcome with significant peer pressure.
- Need for one common EMR platform across all providers nationwide, is an unmet need.

### Next Steps:

- Sustain this early momentum to make this a keystone habit for all urgent referrals.
- Continue collaboration with community specialist providers and expand to other clinic sites.
- Collect data – ER visits, Hospitalization and tie-in with specific diagnosis connected to the urgent referral.

## Mission Model Canvas

<b>Key Partners</b> <ul style="list-style-type: none"> <li>• Lead Physicians</li> <li>• IPA administrators</li> </ul>	<b>Key Activities</b> <ul style="list-style-type: none"> <li>• Purchase smartphone app Tiger Connect licenses.</li> <li>• Enroll primary &amp; specialist physicians.</li> <li>• Encourage &amp; engage them for continued use.</li> </ul>	<b>Value Propositions</b> <ul style="list-style-type: none"> <li>• Improve patient access time for Urgent specialist referrals to less than 4 days.</li> <li>• Decrease ER utilization (ER visit cost = \$1920 per visit)</li> <li>• Prevent negative clinical outcomes</li> </ul>	<b>Buy-in &amp; Support</b> <ul style="list-style-type: none"> <li>• Physician champions</li> <li>• Demo &amp; presentation</li> <li>• Informational emails</li> <li>• Peer pressure from lead physicians</li> </ul>	<b>Beneficiaries</b> <ul style="list-style-type: none"> <li>• Patients</li> <li>• Medical group &amp; IPA</li> <li>• Providers</li> </ul>
<b>Key Resources</b> <ul style="list-style-type: none"> <li>• Chief Operating Officer</li> <li>• IT department</li> <li>• Funding for app licenses</li> </ul>			<b>Deployment</b> <ul style="list-style-type: none"> <li>• Employed providers through our lead physicians and IT department.</li> <li>• Contracted community providers through direct contact.</li> </ul>	
<b>Mission Budget/Cost</b> <ul style="list-style-type: none"> <li>• \$120 / year license per physician. Initial phase focusing on 100 physicians. Cost = \$120 x 100 = \$12,000 / year.</li> <li>• Minimal time commitment of IT personnel, IPA administrators, and lead physicians.</li> </ul>			<b>Mission Achievement/Impact Factors</b> <ul style="list-style-type: none"> <li>• Improve access for patients with urgent needs – in a timely manner with the appropriate specialists.</li> <li>• Improve referring provider's competence by clinical interaction with specialists.</li> </ul>	