

### Introduction

What improvements and direction can we take to improve Referral conversion from Access Express, workflow, and authorization turnaround time?

## Questions that help us get there:

- How is our targeted user creating referrals, editing, and obtaining authorization?
- How are people incorporating referrals into their daily workflow/process?
- Are there any gaps in the practices to specialists? Problems that that aren't being solved by any resources/tools?
- How are people using our competitors, Access Express?
- What unique problems can we tackle to provide the most value to our targeted users by incorporating Epic Referrals module?

#### Deliverables:

- Recommendations for Next Steps
- Workflow Mapping
- Content Personas

## Principles of Persona Identification and Use:

## 3 Persona Groups and Mental Models Identified:

**Primary Focus:** Holistic Primary Care Dr. Sam, PSR Front Desk Staff Patty, and Secondary Focus: Utilization Management Approver Irma

#### Workflows:

- Data were collected to identify noticeably changing/evolving on a per-workflow basis, many research and production workflows changed depending on stakeholder needs
- Of the workflows we identified: there are 2 basic approaches to research and auditing (one for low/missing data sophistication, one for low-mid data sophistication)

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## PSR Front Desk Staff Patty (Primary Target)

Picture	"I manage patient scheduling and obtaining authorization for referrals to
(Insert Here)	be sent to specialist. I manage front desk responsbility for my patients,
	support doctors in the clinic with their needs"

#### Persona Detail:

Role: Patient Service Rep (PSR) Years of Experience: 20 years Years of Epic Experience: 3 years

Age: 50

Spoken Language: English/Spanish

#### Goal Alignment:

- Needs to understand the difference between the old system (Access Express) and new
- Need to understand when the referrals will generate from doctor's order in CS-Link
- What process that I need to follow in order for referrals to be routed correctly to Referred To department
- What is the turn around time for Utilization Management authorization and how these referrals will be routed.
- Communication and notification with referral status
- How to identify who is preferred doctors based on patients insurance coverage

#### My responsibilities:

My main responsibility includes taking care of patients before and after seeing the doctor. I schedule patients and manage doctors schedule. When the doctor orders referrals for patients follow up care, I check patient's insurance coverage and process the referral orders. I contact referring specialists and provide information and connect them to the patients with scheduling.

#### My most crucial needs:

There should not be any delay in patient care. When doctor place an order for referrals, I need to know the urgency of the referrals, obtain authorization, and connect patient with specialist in effort to provide follow up supportive cares. The processing referrals in CS-Link should be flawless without any frustration from the doctor and staffs.

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## Holistic Primary Care Dr. Sam (Primary Target)

Picture	I use my expertise in holistic approach with patient care, combined with
(Insert Here)	my knowledge EMR to offer best possible care for the patients. I then work
	with my team/PSR to make recommendations future care by referring patients to specialist or specialist care."
	patients to specialist of specialist care.

#### Persona Detail:

Role: Primary Care Physician

Years of Medical Experience: 10 years Years of Epic Experience: 5 years

Age: 45

Spoken Language: English/Spanish

### Goal Alignment:

- Needs to understand how to order referrals for specialist care for his patients in CS-Link and how to navigate in the system without getting errors or delaying patient care
- Need to Close the Loop with Specialist with patient care
- Notified with referral status
- Need to refer to net work, out of network providers per patients insurance coverage and preferences

## My responsibilities:

I review each patient who is coming in for the day. Upon seeing the patient, I review patient's past medical history, allergies and medication. I evaluate patient's physical status with thorough examination. I chart any pertinent information in CS-Link. Charting of patient includes, notes, ordering medications, labs and/or referral to specialist. I put in Level of Service and close the encounter.

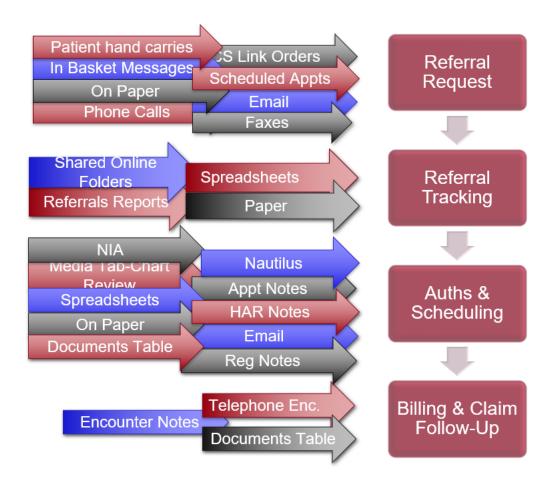
## My most crucial needs:

There should not be any delay in patient care. When I place an order for referrals, I need to know the status for authorization, and close the loop with specialist. The ordering referrals in CS-Link should flawless without any frustration from the doctor.

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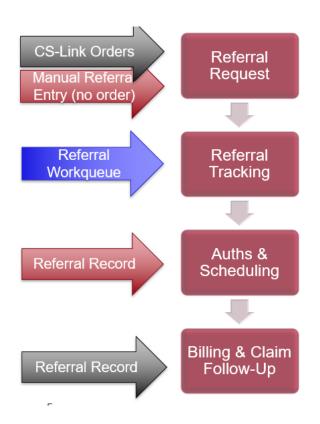
## Current Workflow Mapping:



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# Future State Workflow Mapping:



Staff obtain missing info & auth (if needed) Patient presents for Charges dropped for visit Order Referral Staff Auth # pulls onto claim Provider schedule generates routes to places order workqueue referral referral visit

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