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)
PSR Front Desk Staff Patty (Primary Target)

| Picture (Insert Here) | “I manage patient scheduling and obtaining authorization for referrals to be sent to specialist. I manage front desk responsibility 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.
Holistic Primary Care Dr. Sam (Primary Target)

I use my expertise in holistic approach with patient care, combined with 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.”

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.
Current Workflow Mapping:
Future State Workflow Mapping:

1. CS-Link Orders
2. Manual Referral Entry (no order)
3. Referral Workqueue
4. Referral Request
5. Referral Tracking
6. Auths & Scheduling
7. Billing & Claim Follow-Up

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