

A project team has been engaging with key stakeholders and clinicians to raise awareness and gather feedback that has informed the optimization and design of our referral management process. *The information below can be used to support and socialize this important work.*

## BACKGROUND

**Go-Live:** Process changes are being implemented in phases as follows:

- **Phase 1 (April 5, 2023):** Orthopedics, Vision Services.
- **Phase 2 (Sept. 13, 2023):** Neurology, Podiatry, Gastroenterology (including endoscopies & colonoscopies).
- **Phase 3: (Jan. 10, 2024)** – Bariatrics, Concussion, Dermatology, General Surgery, Memory Care, Neurosurgery, Pain Medicine, Physical Medicine & Rehabilitation (PMR), Plastic Surgery, Sports Medicine, Vascular Surgery.
- **Phase 4 (Feb. 14, 2024)** – Allergy, Audiology, Behavioral Health, Business/Occupational Health, Diabetes Education, Endocrinology, ENT, Infectious Disease, Nephrology/Dialysis, Nutrition Counseling, Palliative Care, Rheumatology, Transplant, Urology.
- **Phase 5\* (April 17, 2024)** – Cardiology, Cardiopulmonary Rehab, Cardiothoracic Surgery, Genetic Counseling, Hematology/Oncology, Home Health, Hospice, Ideal Weight, Obstetrics & Gynecology (including GYN-Oncology), Osteopathic Manipulation Treatment (OMT), Outpatient Therapies, Perinatology, Pulmonary, Radiation, Respiratory, Sleep Medicine/Sleep Studies, Transgender Care, Wound & Hyperbaric.

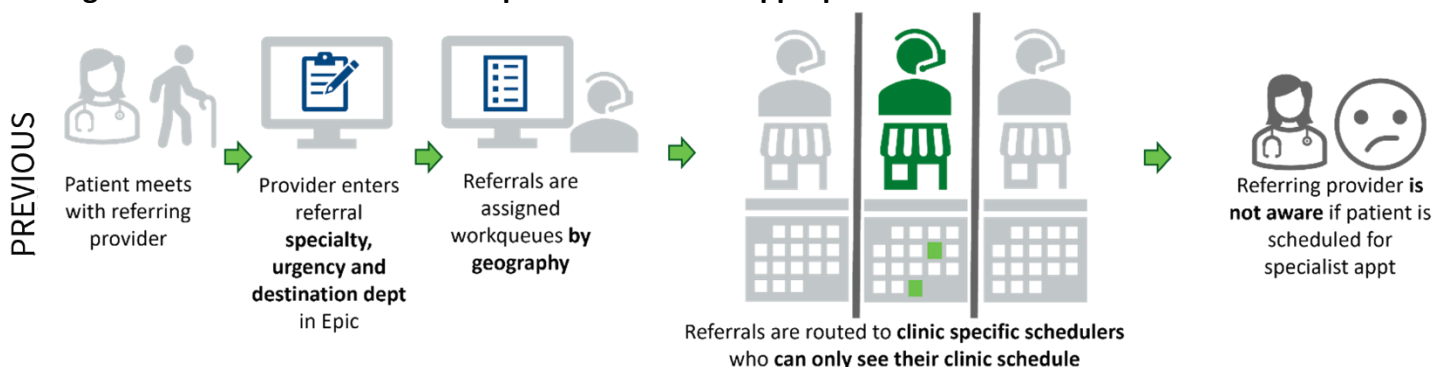
*\*Phase 5 also will link any referral coming from our emergency departments or inpatient units to these newly created work queues ([see tipsheet](#))*

### Initiative Goals:

- *Put our patients first.* Help them navigate our system and provide timely access to specialty care in the nearest location possible.
- Support our clinicians and practices by creating a standard, cohesive way to refer to a specialist.
- Simplify referral entry and offer better transparency for referring clinicians.
- Establish referral workstreams and roles that align with our system's growth and patient demand.

## CURRENT VS FUTURE STATE

The diagrams below depict standard workflows, but some specialties and disciplines have additional triage workflows embedded in the process to ensure appropriate care referrals.



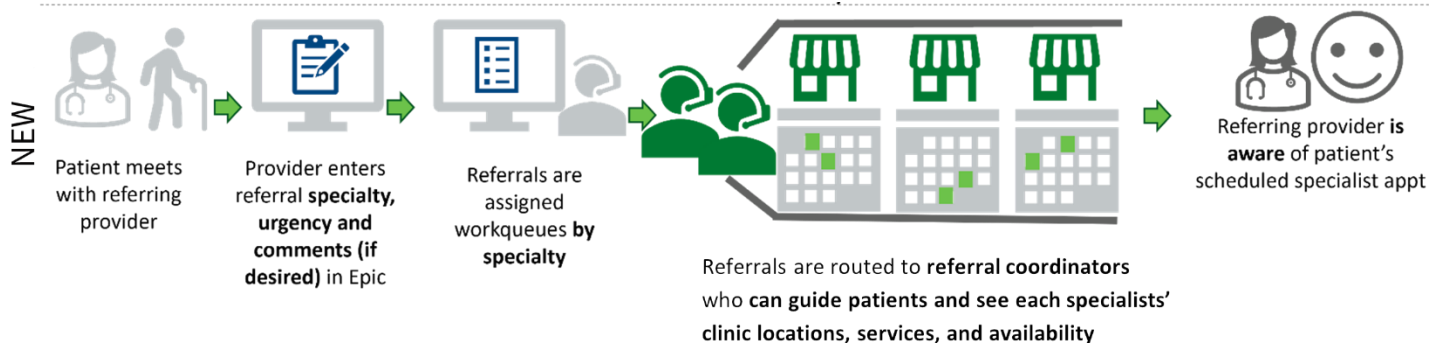
# Referral Management Optimization

## Playbook

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## EPIC CHANGES

### Simplified referral entry and scheduling process:

- Clinicians select the referral specialty and urgency while noting specific patient preferences, if applicable.
- Referral coordinators select best appointment for patients based on clinician, distance, timeliness and insurance coverage.
- Streamlined referral work queues to allow referral coordinators visibility to referrals by specialty, rather than geography.

### Current State

Order Search

ORTH REF

Panels (No results found)

Orders and Prescriptions Medications (No results found)

Orders and Prescriptions Procedures

Name	Type
REFERRAL FOR ORTHOPEDICS (ASPIRUS)	Ref
REFERRAL FOR ORTHOPEDICS (ASPIRUS-NETWORK)	Ref
REFERRAL FOR ORTHOPEDICS (NON-ASPIRUS)	Ref
REFERRAL FOR PEDIATRICS ORTHOPEDICS (ASPIRUS)	Ref

REFERRAL FOR ORTHOPEDICS (ASPIRUS)

Referral Reason: Continuity c

Priority: Routine **Routine** ASAP STAT

Location: ASPIRUS LANGLADE HOSPITAL AIW CLINIC IRONWOOD  
ASPIRUS IRON RIVER CLINIC ASPIRUS KEWEENAW LAURIUM CLINIC  
ASPIRUS HOUGHTON CLINIC ASPIRUS DIVINE SAVIOR WELLNESS  
ASPIRUS NORTHLAND ORTHOPEDICS ASPIRUS OXFORD CLINIC

### Future State

Order Search

REF ORTHO

Panels (No results found)

Orders and Prescriptions Medications (No results found)

Orders and Prescriptions Procedures

Name
Referral for Orthopedics
Referral for Pediatric Orthopedics

Referral for Orthopedics

Referral Reason: Continuity c

Priority: Routine **Routine** ASAP STAT

Comments: + Add Comments (F6)

Show Additional Order Details

Next Required

Accept Cancel

# Referral Management Optimization

## Playbook

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### TALKING POINTS

As you support Aspirus' referral management optimization efforts, please use the talking points below to guide your discussions with and answer questions from your team members and clinicians.

#### General

- Aspirus is committed to rural health care and delivering high quality care as close to home as possible.
- Clinician and patient feedback have been used to design this specialty referral process.
- The new referral process **puts our patients first** by helping them navigate our system and **find a specialist who can meet their needs quickly, close to home, and within their insurance coverage.**

#### On Why Referral Optimization is Needed

- To better serve our patients.
- Adjusting our referral process helps us meet growing demand more efficiently without adding more staffing time or clinician hours.
- There is currently confusion and inefficiency in the way we direct patients to the most appropriate site of care.
- Optimizing our referral process is needed to reduce the complexity and ease of use of the referral process.
- Current referral work queues and reporting structures are siloed and variable.
- Current appointment availability and timeliness of referrals varies across specialties.

#### For Clinicians

- This initiative aligns with our strategy to keep care local and will provide patients with specialty options close to their home.
- The triage process for patients needing urgent assessment is being designed collaboratively per specialty by leaders and clinicians.

#### For Private Practice Partners

- Aspirus will honor all agreements with our private practice partners while implementing the new referral process.
- Our process will ultimately reduce complexity for referring clinicians, streamline our referral process, and improve referral timeliness for our patients.