

Improving the Efficacy of a Safety Net Specialty Referral System

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OBJECTIVES

1. Perform a needs assessment on the current referral process for uninsured patients seen by members of the Arizona Safety Net
2. Identify barriers to uninsured patients receiving specialty care and develop a plan clinics can implement in order to provide high quality, timely care

INTRODUCTION

Receiving quality and affordable health care in the United States is not always a straightforward process for specific patient populations. Individuals without insurance have difficulty setting up appointments to see specialists. The responsibility of serving the underinsured and uninsured populations falls on the free clinics and the safety net systems of which they are a part.¹ These safety net organizations are a critical, primary care based source of health care services for these populations.² Specialty care can be incredibly difficult for uninsured patients to access and many of these safety nets have to piece together specialty care any way they can. The Arizona Safety Net is a coalition of 20+ individual clinics in the Phoenix Metro area. The coalition developed a collaborative referral process for uninsured patients served by member clinics. The aim of this study was to determine the efficacy of the Arizona Safety Net specialty referral system and identify potential areas for improvement.

METHODOLOGY

Semi-structured surveys about the current referral process were conducted with providers, referral coordinators, and medical directors active within the Arizona Safety Net. Follow-up questions were asked based on the survey responses to add additional context for future planning design.



RESULTS

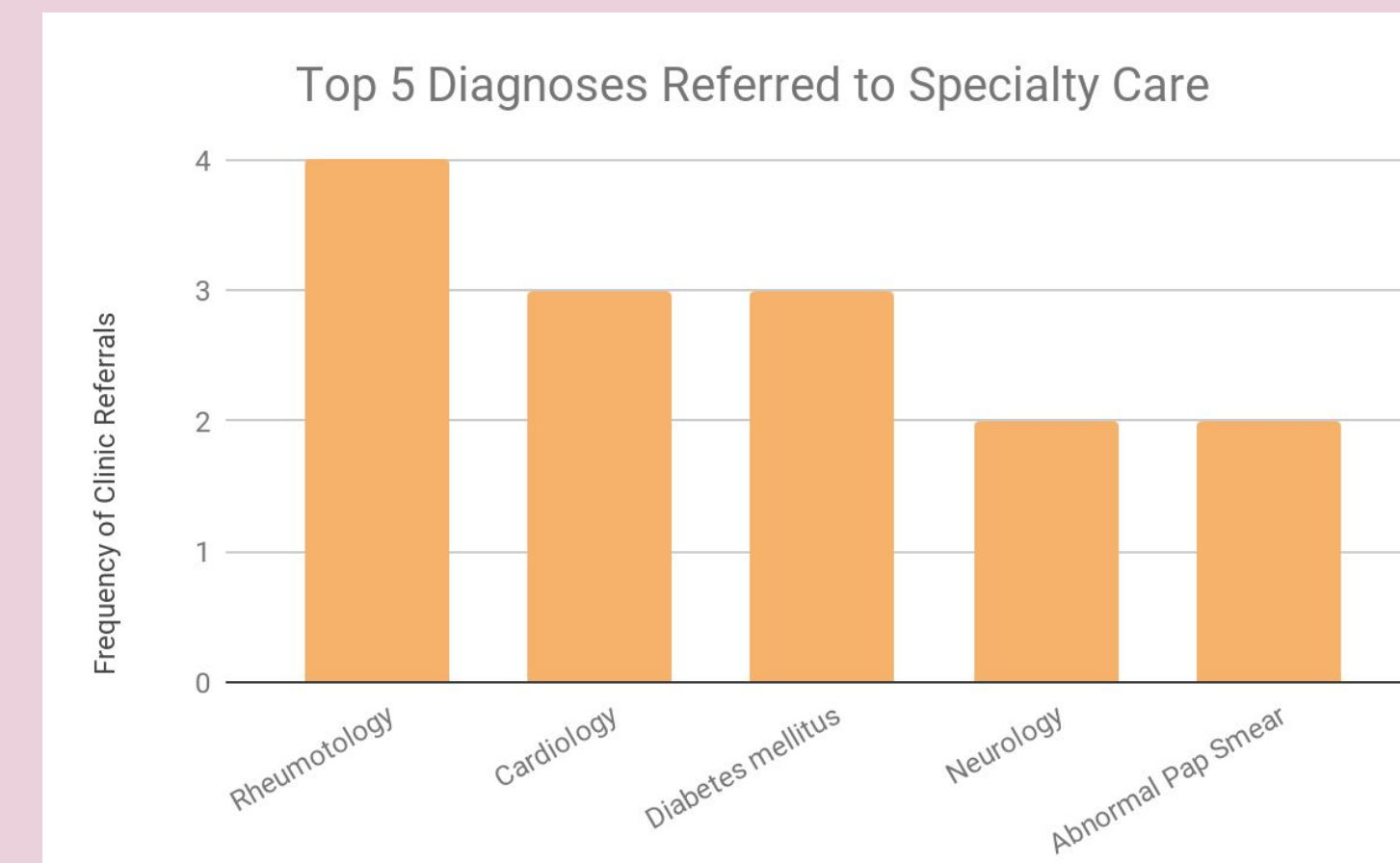


Figure 1: Top 5 diagnoses referred to specialists within the Arizona Safety Net

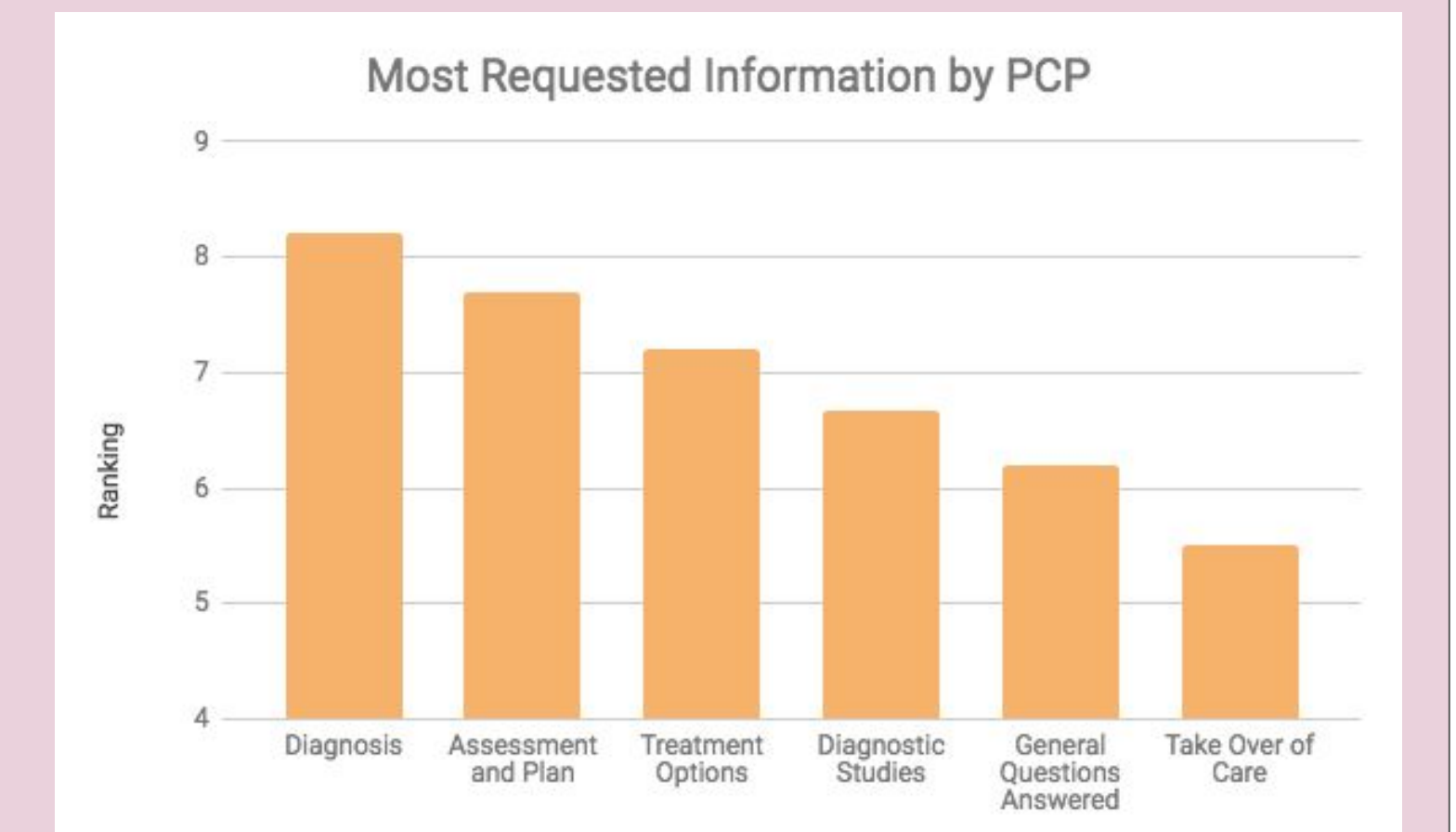


Figure 2: The main uses of the specialty referral system within the Arizona Safety Net

Clinics that refer out	7 of 8
Clinics that Accept referrals	4 of 8 accept referrals
Clinics that follow a standard process	2 of 8 clinics currently follows the Arizona Safety Net standard referral process
Clinics with a referral tracking system in place.	4 of 8 clinics say they have a tracking system in place; *3/8 were for insured patients
Ability to access specialist notes	7 of 8 clinics are able to access specialist notes *only 1 clinic is currently using the process as intended.
Are specialist notes helpful?	7 of 8 clinics said notes are helpful.
Mortality/Morbidity	7 of 8 clinics feel the referral process is helping their patients.
Overall satisfaction of the referral process	On a scale of 1 to 5, 1 being unsatisfied and 5 being very satisfied overall satisfaction was 3.1

Table 1: Survey response results

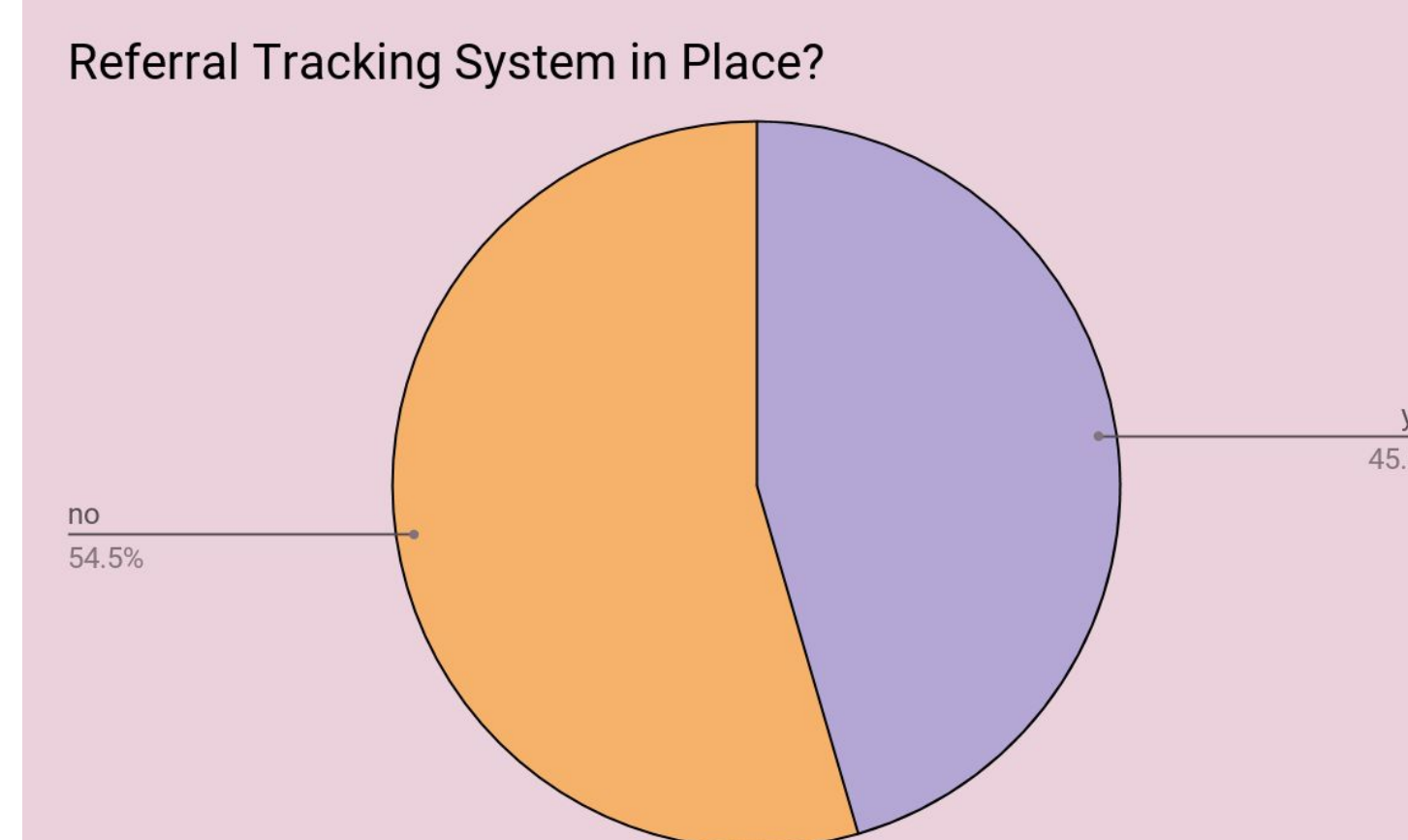


Figure 4: Percentage of clinics that have a tracking system in place

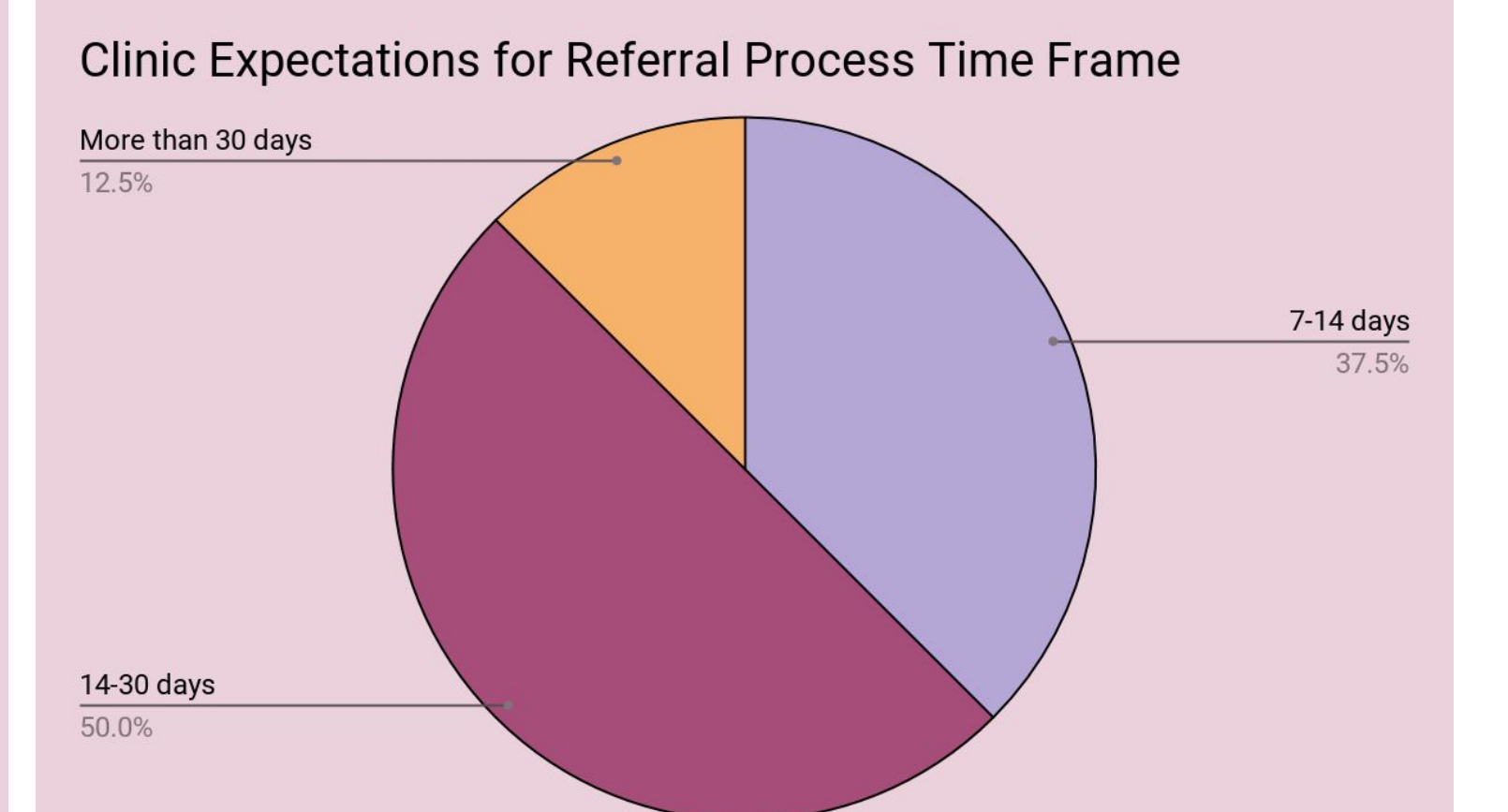


Figure 3: Clinic expectations for referral process total time

CONCLUSIONS AND RECOMMENDATIONS

The Arizona Safety Net affirmed that there is a need for specialty care and advanced diagnostics for the diagnosis, assessment, treatment plans, and general thoughts on the conditions of their patients. The main barriers are physicians incorrectly filling out referral forms (either by including too little or too much irrelevant information), not taking the time to follow up with specialist notes, and having unrealistic expectations regarding the appropriate use of the safety net. To encourage the use of the referral process, it will be necessary to simplify it as much as possible. The main recommendation going forward is for each safety net clinic to have a set of process maps designed to show every step in the referral system. Clinics will be equipped with a process map that outlines the referral process from a broad view (Figure 4), as well as additional maps for reference, and a step-by-step guide on how to download specialists' notes into the primary care EMR. The referral delays, increased wait times, and underutilization of the available resources can be avoided with proper use of the current system. There are a multitude of barriers to care for the uninsured, one of those should not include the providers and clinics that are dedicated to improving their health. In order for the safety net to work, the clinics must function as a unit. There must be a concerted effort to improve the sharing of resources among the safety net clinics in order to create a true net, rather than a pipeline. There is strength in numbers, and the strength of the safety net determines the quality of care these uninsured patients receive. The Arizona Safety Net is only as strong as its weakest member, so it is important to lift up every member in order to offer the highest value care to its patients.

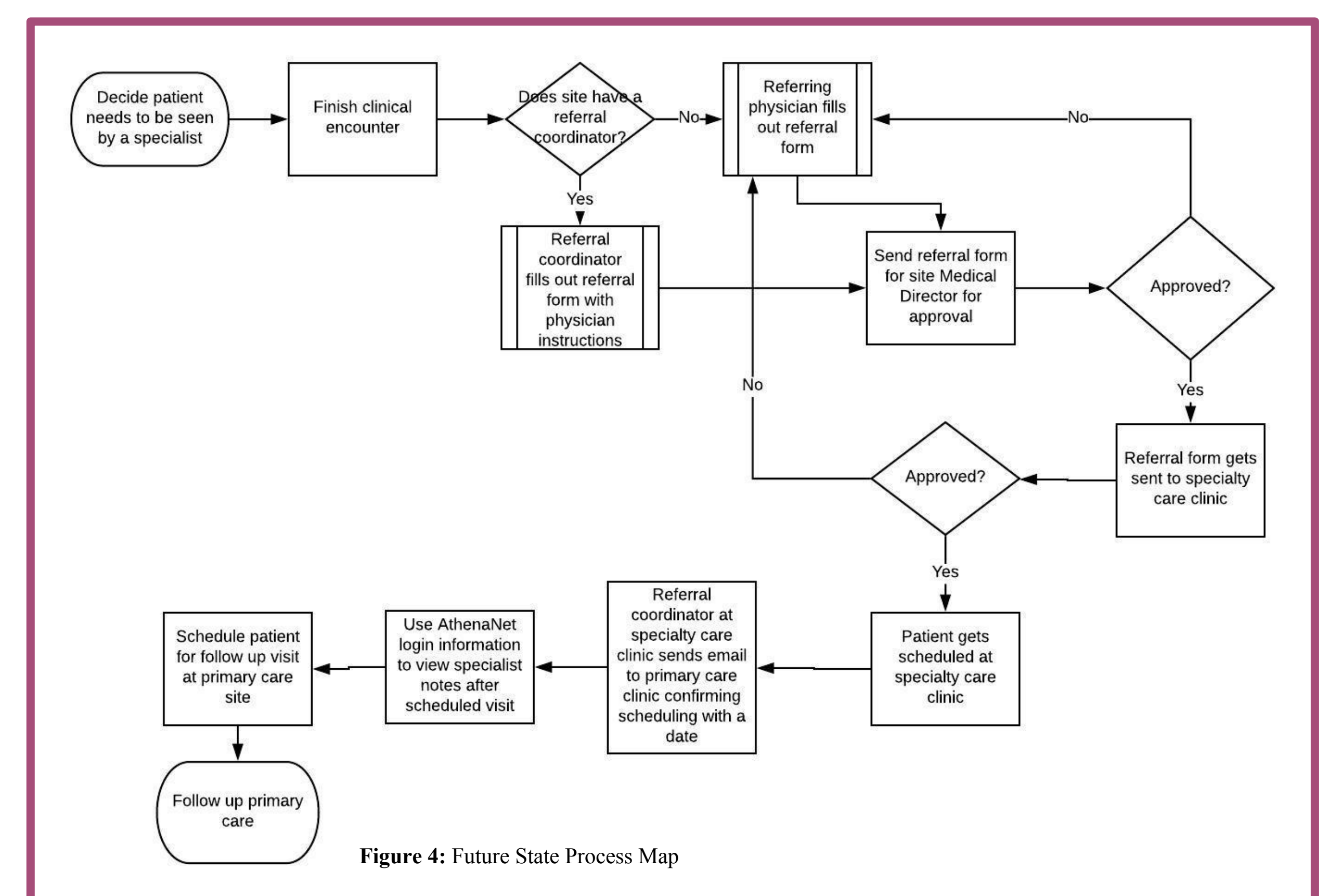


Figure 4: Future State Process Map

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- 1) Brennan VM. Free Clinics, Local Responses to Health Care Needs. JHU Press; 2013.
- 2) Dow WH, Roby DH, Kominski G, Jacobs K. New Research Further Strengthens Evidence of the Benefits of the Health Care Safety Net. UCLA Center for Health Policy Research. 2013.
- 3) Ruben K, Mortensen K, Eldridge B. Emergency department referral process and subsequent use of safety-net clinics. *Journal of Immigrant and Minority Health*. 2015;17(5):1298-1304.

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